



Early Intervention Services

Department of Behavioral Health and
Developmental Services

AND

Department of Medical Assistance
Services



DBHDS and the Early Intervention Program

- Virginia's early intervention system is governed by Part C of the Individuals with Disabilities Education Act (IDEA)
- The EI system is managed by the Department of Behavioral Health and Developmental Services (DBHDS)
- DBHDS' program is called the Infant and Toddler Connection of Virginia



Part C Eligibility

Children from birth to third birthday who meet one or more of the following criteria:

- 
- Developmental Delay
 - Atypical Development
 - Diagnosed physical or mental condition that has a high probability of resulting in a developmental delay



Part C Eligibility Criteria

Developmental Delay: 25% or greater delay in one or more of the following areas:

- Cognitive development;
- Physical development, including fine motor and gross motor;
- Communication development;
- Social or emotional development; or
- Adaptive development.



Part C Eligibility Criteria

Atypical Development

- Atypical/questionable sensory-motor responses
- Atypical/questionable social-emotional development
- Atypical/questionable behaviors that interfere with the acquisition of developmental skills
- Impairment in social interaction and communication skills along with restricted and repetitive behaviors.



Part C Eligibility Criteria

Diagnosed physical or mental conditions that have a high probability of resulting in a developmental delay:

- significant central nervous system anomaly;
- myelodysplasia;
- congenital or acquired hearing loss;
- visual disabilities;
- chromosomal abnormalities, including Down syndrome;



Part C Eligibility Criteria

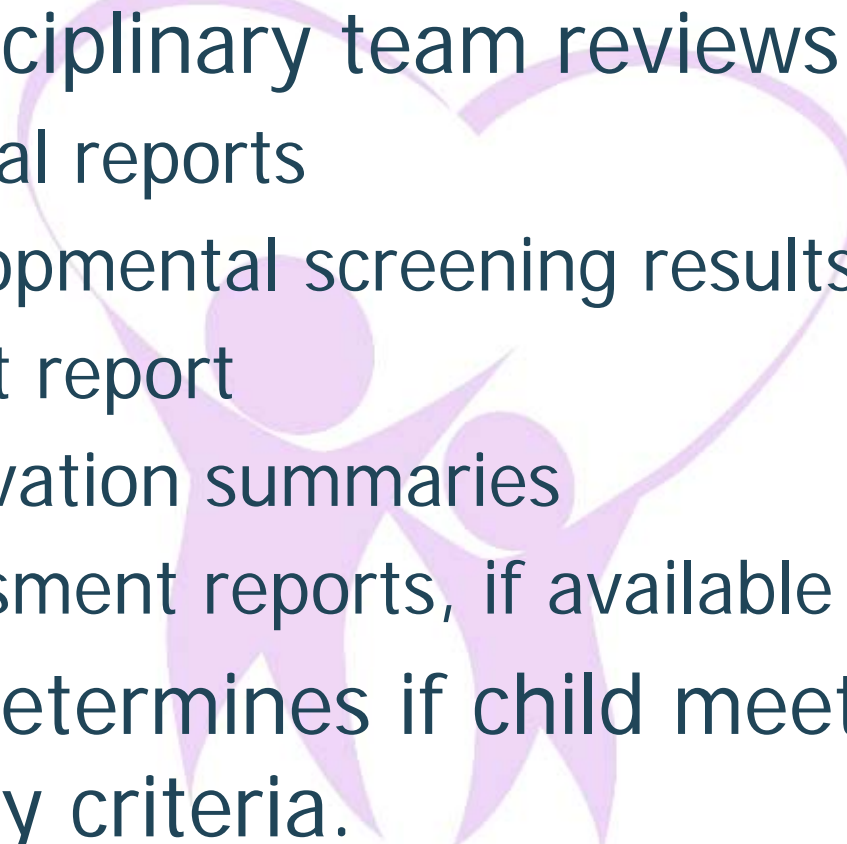
Diagnosed physical/mental conditions (cont):

- inborn errors of metabolism;
- severe attachment disorders;
- autism spectrum disorder
- brain or spinal cord trauma

■ See Pages 23-24 of Practice Manual for complete list: <http://infantva.org/documents/pr-PM-PracticeManual.pdf>



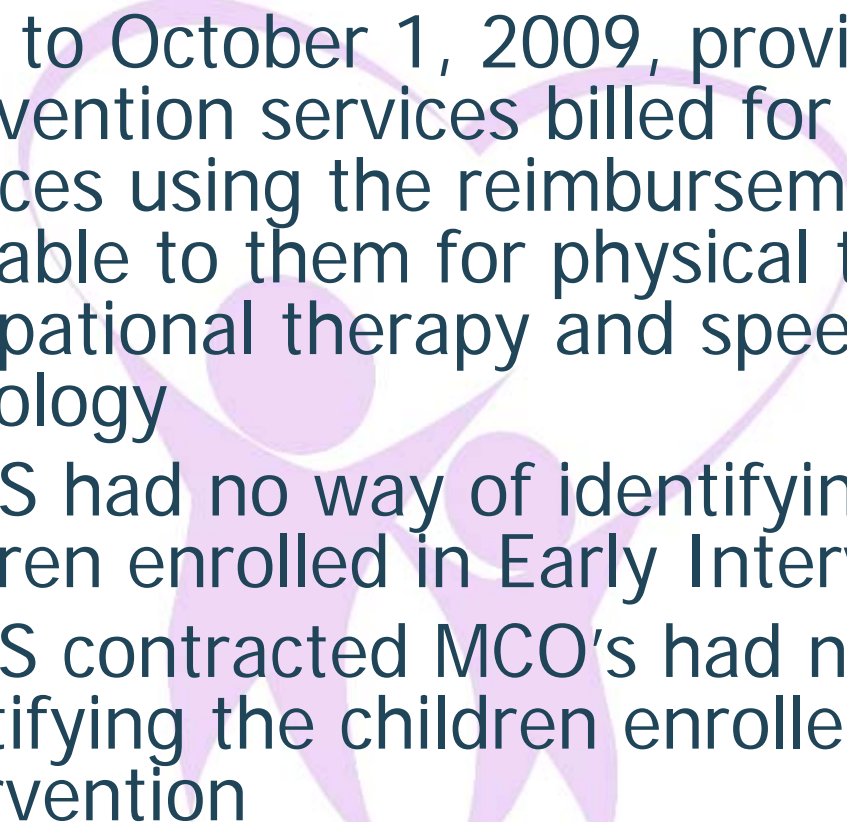
Determining Part C Eligibility

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- Multidisciplinary team reviews:
 - medical reports
 - developmental screening results
 - parent report
 - observation summaries
 - assessment reports, if available
 - Team determines if child meets the eligibility criteria.

Early Intervention and DMAS

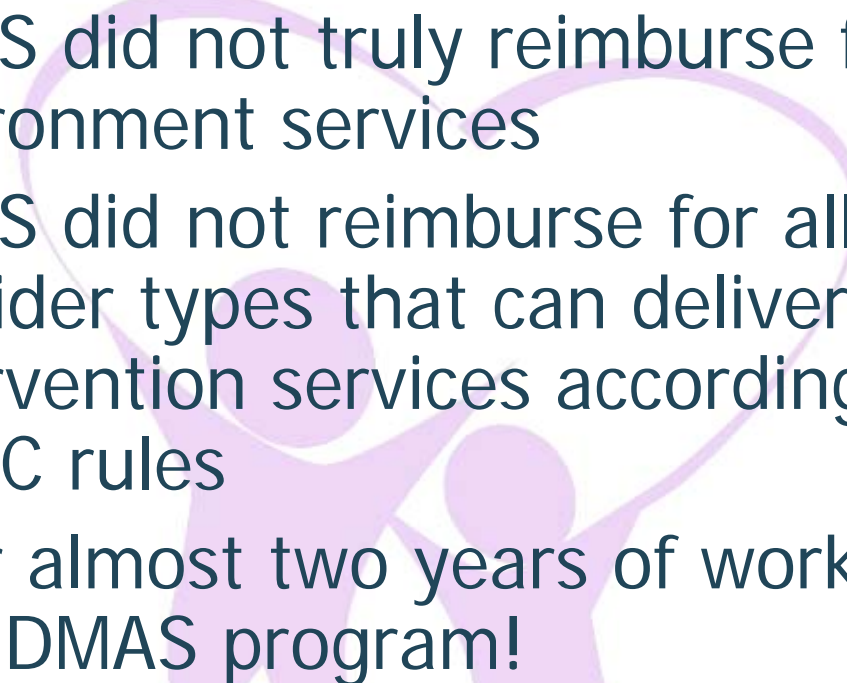
Background



- Prior to October 1, 2009, providers of early intervention services billed for those services using the reimbursement codes available to them for physical therapy, occupational therapy and speech language pathology
 - DMAS had no way of identifying the children enrolled in Early Intervention
 - DMAS contracted MCO's had no way of identifying the children enrolled in Early Intervention
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Early Intervention and DMAS Background (continued)



- DMAS did not truly reimburse for natural environment services
 - DMAS did not reimburse for all of the provider types that can deliver Early Intervention services according to federal Part C rules
 - After almost two years of work, we have a new DMAS program!
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New EI Program...

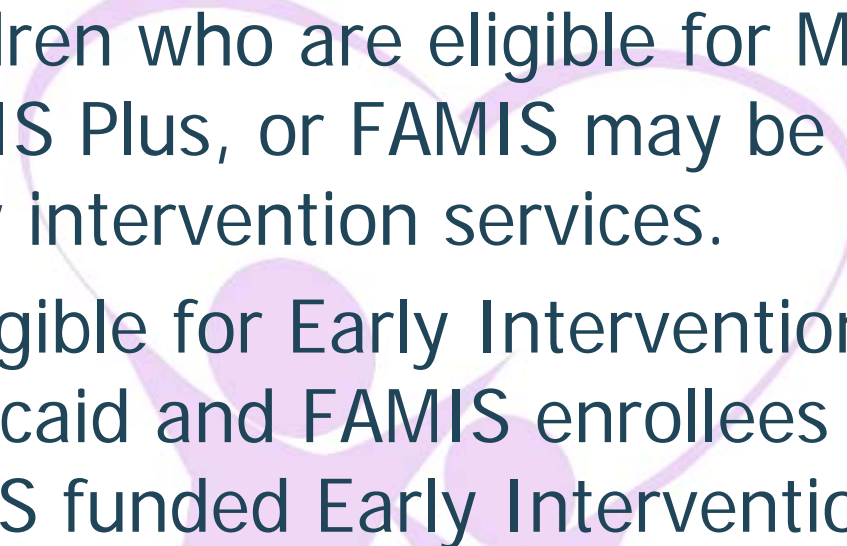
Thank You!!!

The new DMAS program was developed in collaboration with:

- The Infant and Toddler Connection of Virginia program staff
- Solutions Consulting Group
- Early Intervention System Transformation Implementation Task Force
 - VACSB
 - Local System Managers and EI Providers
 - EI Parents
 - VICC
 - VDH and VOPA

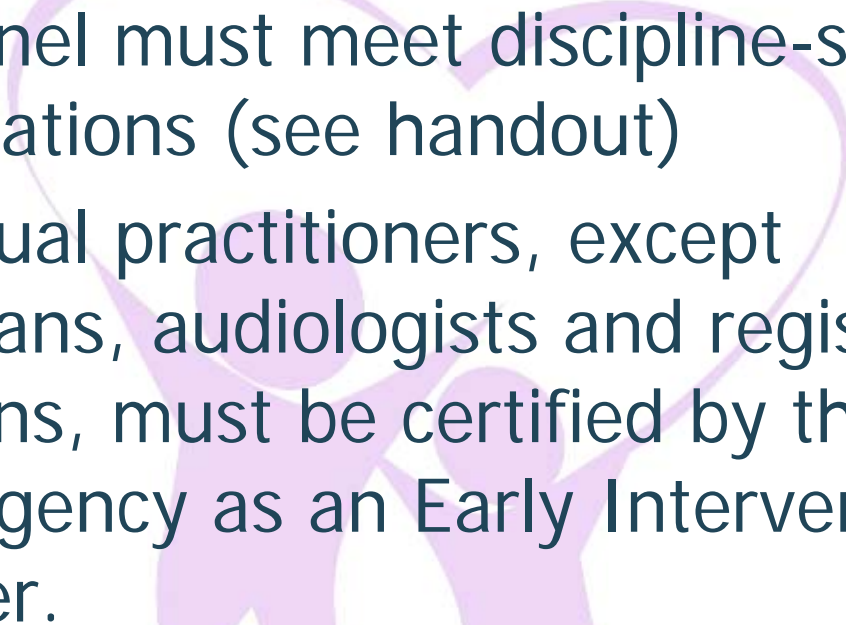


Eligibility Requirements-DMAS

- Children who are eligible for Medicaid/ FAMIS Plus, or FAMIS may be screened for early intervention services.
 - If eligible for Early Intervention both Medicaid and FAMIS enrollees may receive DMAS funded Early Intervention Services
- 



Provider Qualifications

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- Personnel must meet discipline-specific qualifications (see handout)
 - Individual practitioners, except physicians, audiologists and registered dietitians, must be certified by the State Lead Agency as an Early Intervention Provider.

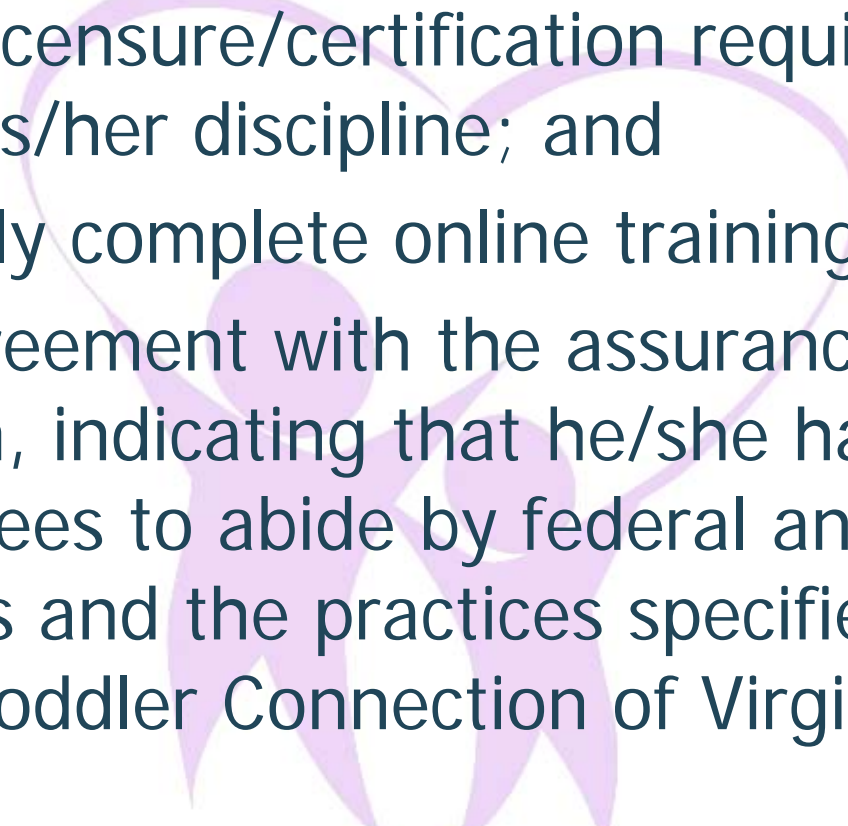


EI Certification Categories

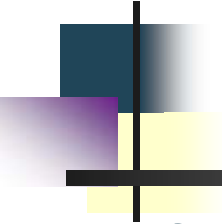
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- Early Intervention Professional
 - Early Intervention Specialist
 - Early Intervention Service Coordinator




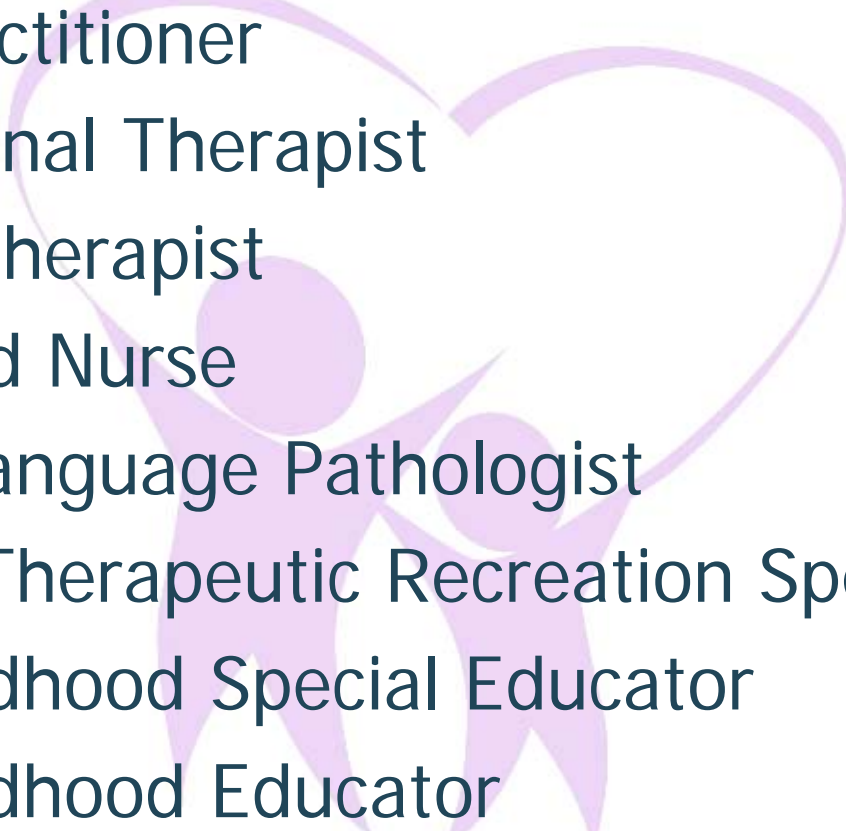
EI Certification Requirements

- 
- Meet the licensure/certification requirements that apply to his/her discipline; and
 - Successfully complete online training modules,
 - Signify agreement with the assurances on the application, indicating that he/she has knowledge of and agrees to abide by federal and state regulations and the practices specified in the Infant & Toddler Connection of Virginia Practice Manual.

Training/Competency Requirement

- 
- Complete the following Infant & Toddler Connection of Virginia online training modules, passing the competency test for each with at least 80% accuracy
 - Child Development
 - Family Centered Practices
 - Service Pathway
 - Practitioner Requirements

Early Intervention Professionals

- 
- 
- Nurse Practitioner
 - Occupational Therapist
 - Physical Therapist
 - Registered Nurse
 - Speech-Language Pathologist
 - Certified Therapeutic Recreation Specialist
 - Early Childhood Special Educator
 - Early Childhood Educator

Early Intervention Professionals (cont.)

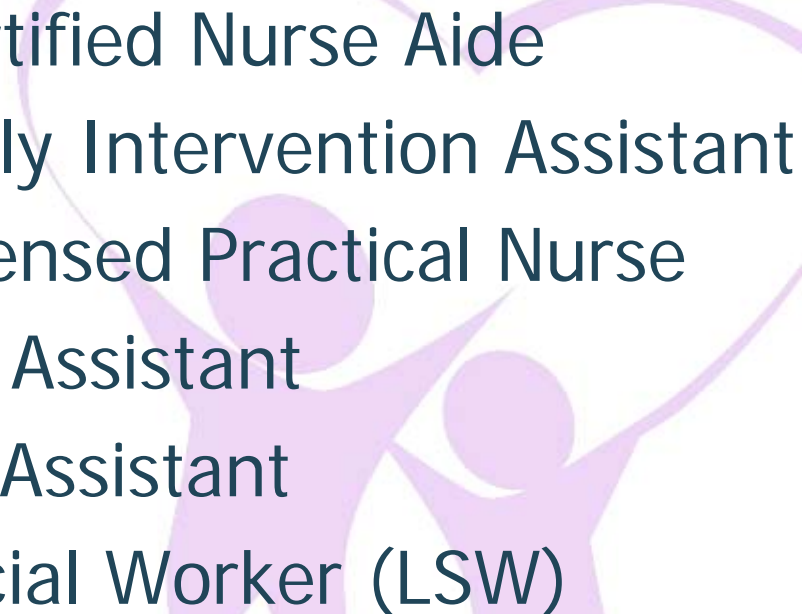
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- Educator of Hearing Impaired
 - Educator of the Visually Impaired
 - Family and Consumer Science Professional
 - Family Therapist
 - Music Therapist
 - Orientation and Mobility Specialist
 - Psychologist

Early Intervention Professionals (cont.)

- School Counselor
- School Social Worker
- Social Worker (LCSW)

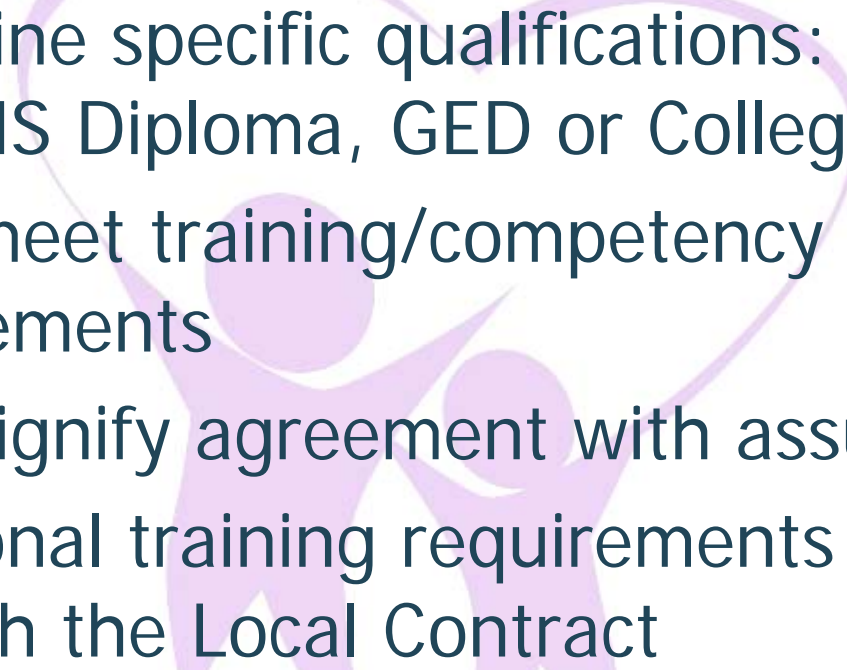


Early Intervention Specialists

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- Certified Nurse Aide
 - Early Intervention Assistant
 - Licensed Practical Nurse
 - OT Assistant
 - PT Assistant
 - Social Worker (LSW)

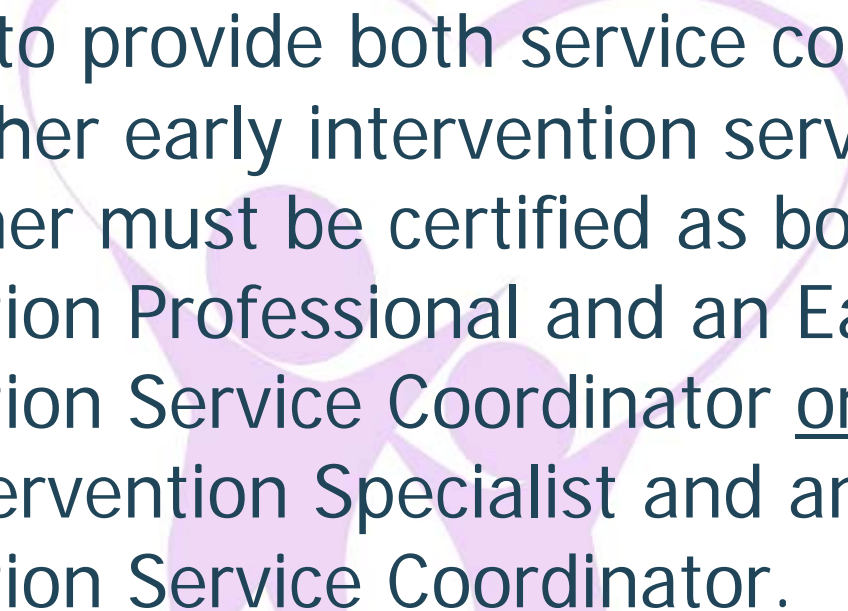


Early Intervention Service Coordinators

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- Discipline specific qualifications: must have HS Diploma, GED or College Degree
 - Must meet training/competency requirements
 - Must signify agreement with assurances
 - Additional training requirements specified through the Local Contract



Dual Certification

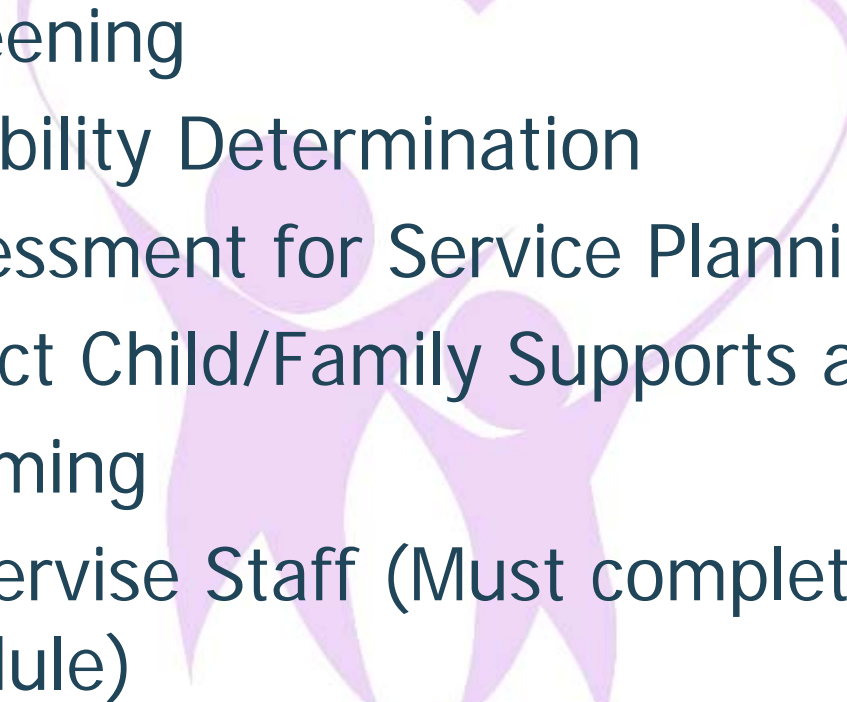


In order to provide both service coordination and another early intervention service, a practitioner must be certified as both an Early Intervention Professional and an Early Intervention Service Coordinator or as both an Early Intervention Specialist and an Early Intervention Service Coordinator.



Scope of Practice

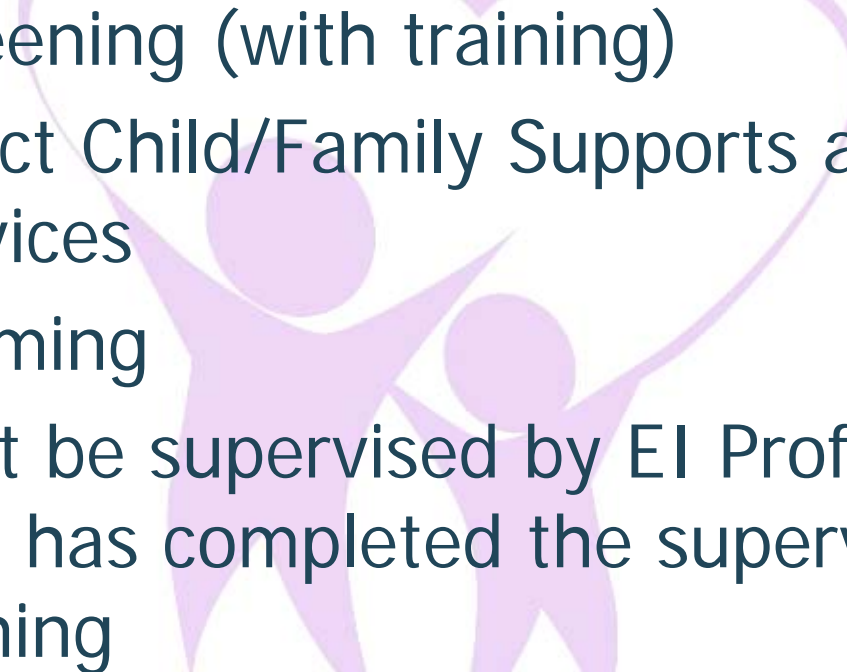
EI Professionals

- 
- Screening
 - Eligibility Determination
 - Assessment for Service Planning
 - Direct Child/Family Supports and Services
 - Teaming
 - Supervise Staff (Must complete training module)



Scope of Practice

EI Specialists

- Screening (with training)
 - Direct Child/Family Supports and Services
 - Teaming
 - Must be supervised by EI Professional who has completed the supervision training
- 



For Additional Information



Training Modules

<http://www.eitraining.vcu.edu/>



Certification Application

<https://www.eicert.dbhds.virginia.gov/>



Practice Manual

<http://infantva.org/Pr-PracticeManual-Forms.htm>



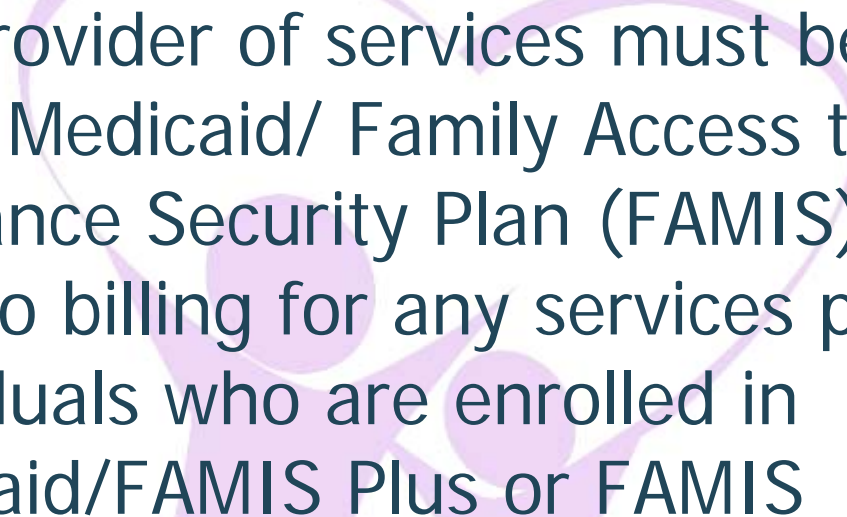
Early Intervention Provider Certification

Effective October 1, 2009

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- To receive reimbursement from either the Part C Office or DMAS the provider must be certified by DBHDS prior to providing early intervention services

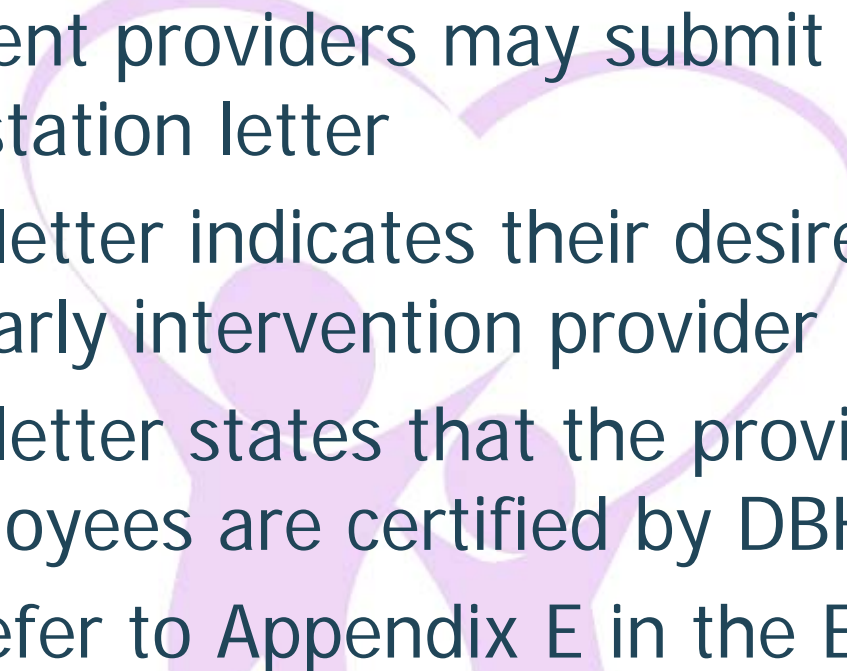


DMAS Provider Enrollment

- Any provider of services must be enrolled in the Medicaid/ Family Access to Medical Insurance Security Plan (FAMIS) programs prior to billing for any services provided to individuals who are enrolled in Medicaid/FAMIS Plus or FAMIS
- 

Enrollment Process for Existing DMAS Providers



- Current providers may submit an attestation letter
 - The letter indicates their desire to become an early intervention provider
 - The letter states that the provider's EI employees are certified by DBHDS
 - Refer to Appendix E in the EI manual
- 



Existing Providers (cont.)

- Providers in the provider class types listed below are eligible to submit the attestation letter and do not have to submit a new provider application or obtain a new provider class type:
 - Mental Health Mental Retardation (056)
 - Rehab Agencies (057)
 - Home Health Agency State (058)
 - Home Health Agency Private (059)
 - Private Duty Nursing (063)



Existing Providers (cont.)

- These providers will not need to use the EI taxonomy code when billing for Early Intervention Services if their current NPI lists just one provider class type or location for that agency

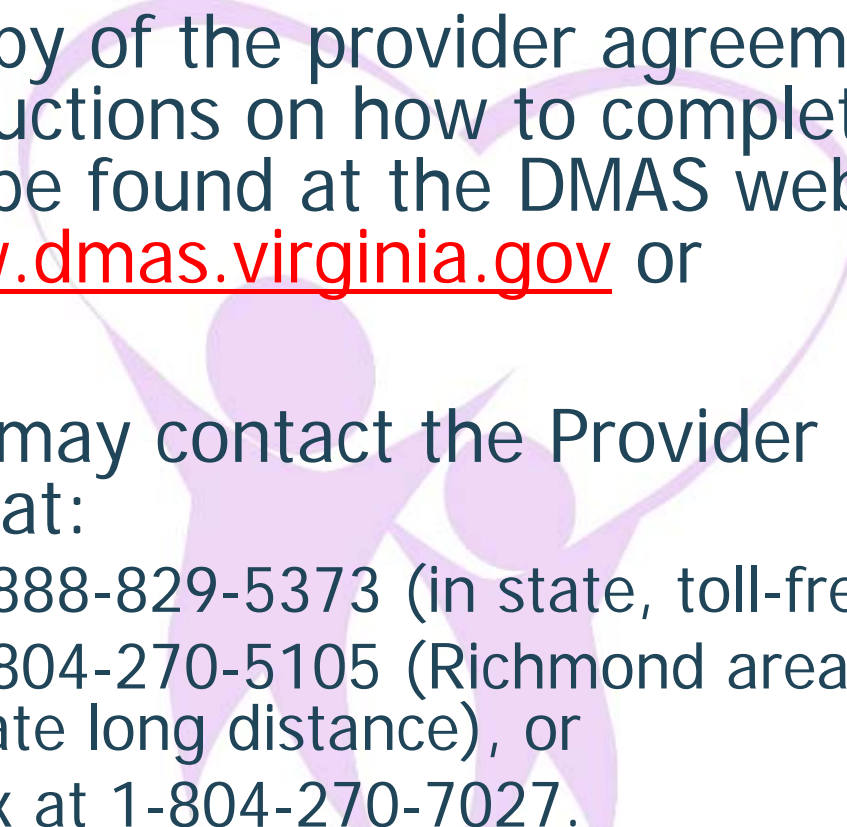


New Providers, Hospitals or Existing DMAS Providers

- Hospitals and new providers **must** submit a new provider application to provide early intervention services
- Existing providers **may** submit a new provider application
- Qualified providers will be assigned a new provider class type of 108 and will use the taxonomy code of 252Y00000X for EI billing

Provider Enrollment Contact Information

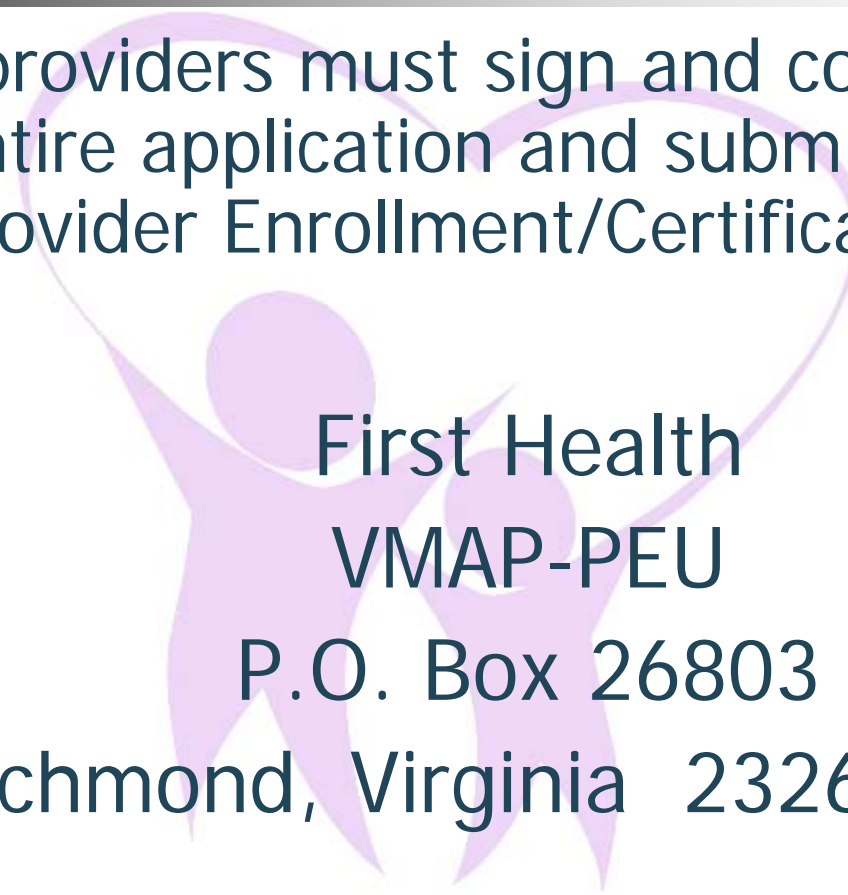


- A copy of the provider agreement with instructions on how to complete the forms can be found at the DMAS website, www.dmas.virginia.gov or
 - You may contact the Provider Enrollment Unit at:
 - 1-888-829-5373 (in state, toll-free),
 - 1-804-270-5105 (Richmond area and out-of-state long distance), or
 - fax at 1-804-270-7027.
- 



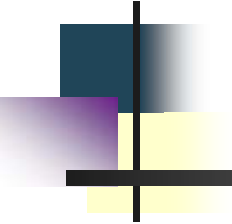
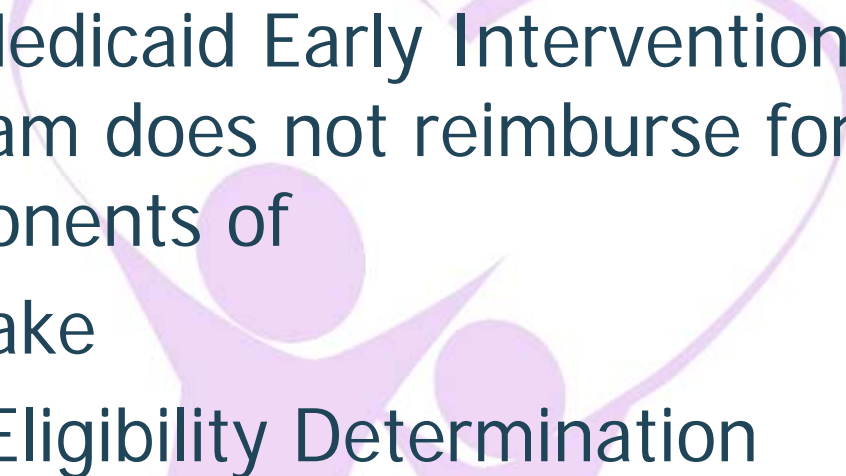
Where to Send Your Provider Application

All providers must sign and complete the entire application and submit it to the Provider Enrollment/Certification Unit at:



First Health
VMAP-PEU
P.O. Box 26803
Richmond, Virginia 23261-6803

Service Pathway: Reimbursement

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- 
- The Medicaid Early Intervention Program does not reimburse for components of
 - Intake
 - EI Eligibility Determination

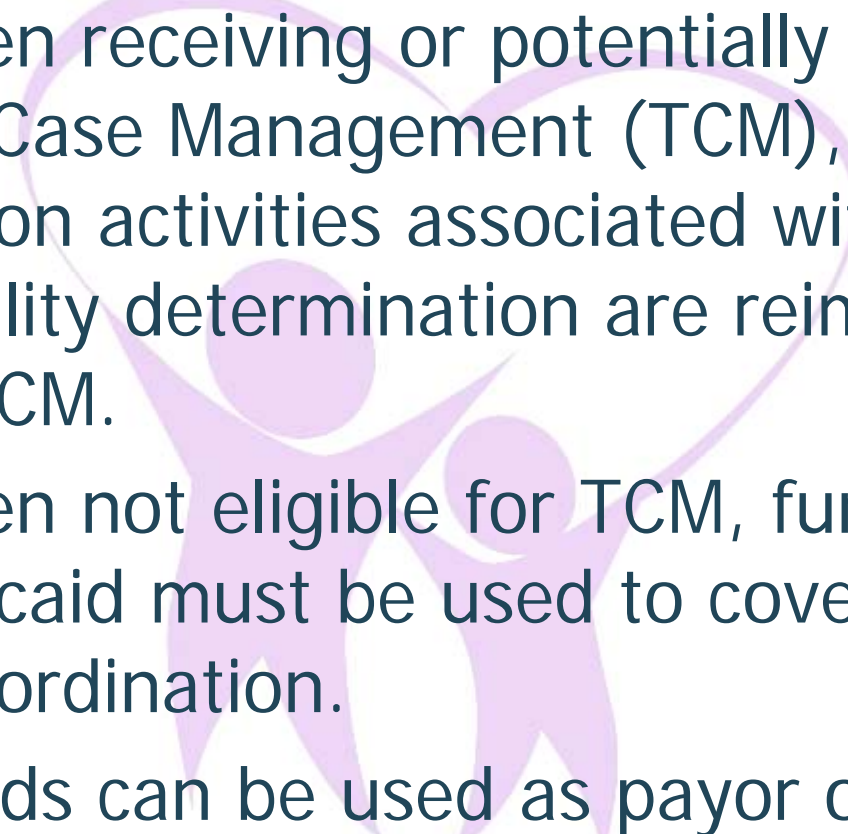


Early Intervention Screening


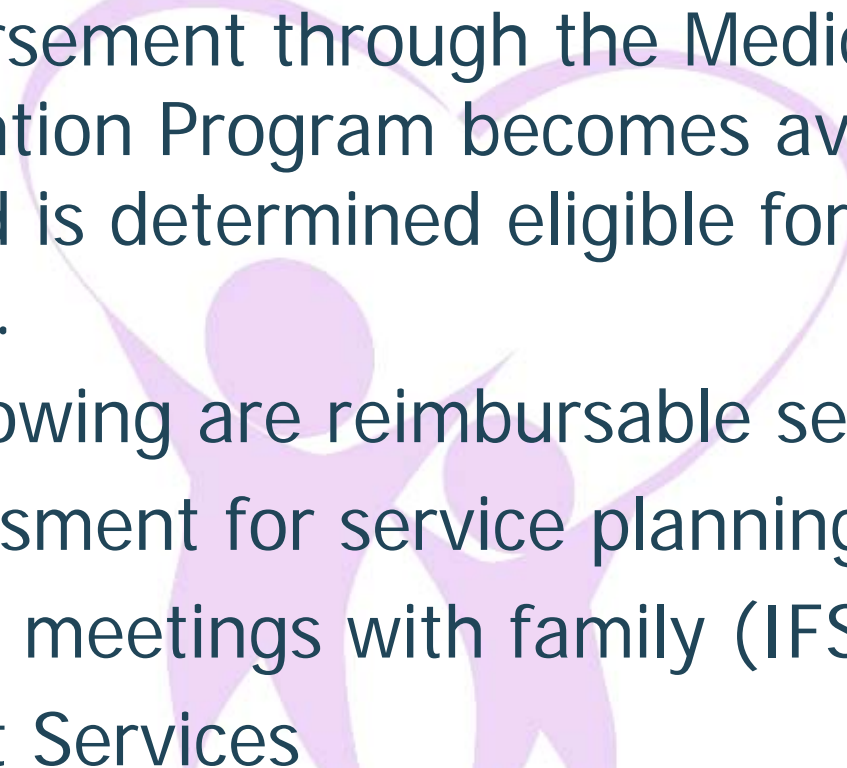
- Developmental screenings that are completed by Part C providers as part of the intake process are not reimbursable through the Medicaid Early Intervention Program.
- Screenings are reimbursable through Medicaid when performed by physicians, physician's assistants and nurse practitioners



Service Coordination/ Targeted Case Management

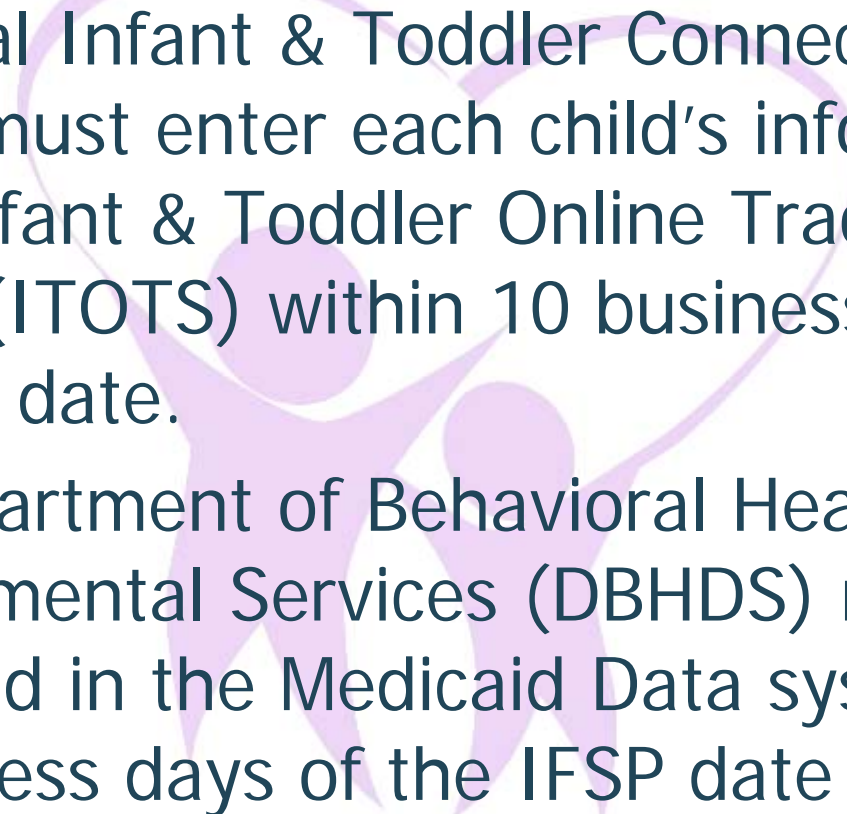
- 
- For children receiving or potentially eligible for Targeted Case Management (TCM), the service coordination activities associated with intake and eligibility determination are reimbursed through TCM.
 - For children not eligible for TCM, funds other than Medicaid must be used to cover the cost of service coordination.
 - Part C funds can be used as payor of last resort.

Service Pathway: Reimbursement

- 
- 
- Reimbursement through the Medicaid Early Intervention Program becomes available after the child is determined eligible for Part C services.
 - The following are reimbursable services:
 - Assessment for service planning
 - Team meetings with family (IFSP meetings)
 - Direct Services

Enrollment in Medicaid Early Intervention Program

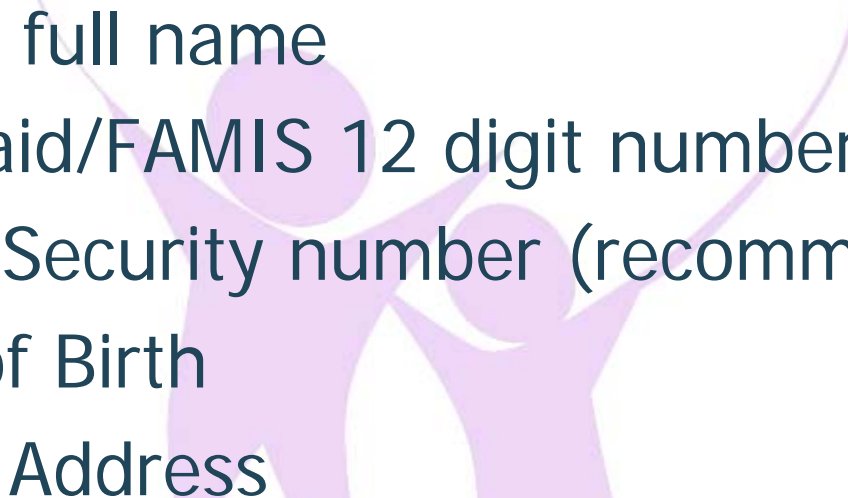


- The Local Infant & Toddler Connection system must enter each child's information in the Infant & Toddler Online Tracking System (ITOTS) within 10 business day of the IFSP date.
 - The Department of Behavioral Health and Developmental Services (DBHDS) must enroll each child in the Medicaid Data system within 15 business days of the IFSP date
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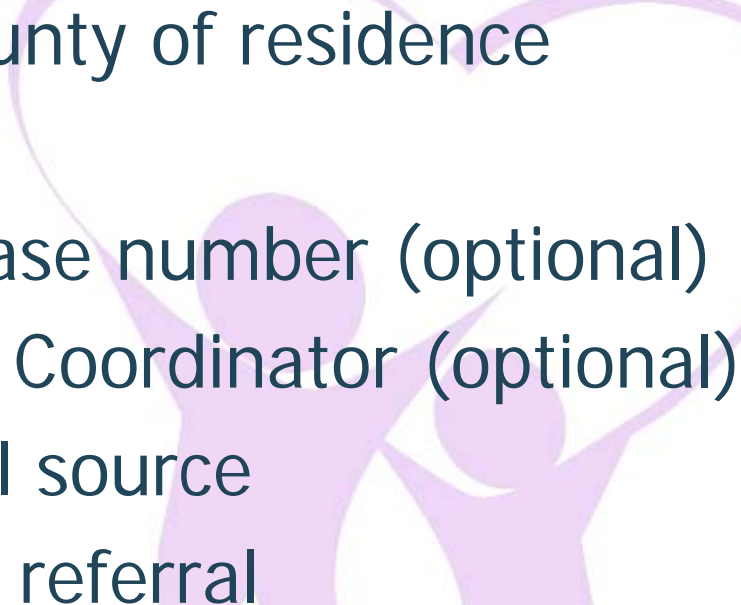
Local System Data Entry

The Local System Manager must ensure that the following data is entered into ITOTS:

- ✓ Child's full name
 - ✓ Medicaid/FAMIS 12 digit number
 - ✓ Social Security number (recommended)
 - ✓ Date of Birth
 - ✓ Street Address
- 



Data Entry in ITOTS (cont.)

- 
- ✓ City/county of residence
 - ✓ Gender
 - ✓ Local case number (optional)
 - ✓ Service Coordinator (optional)
 - ✓ Referral source
 - ✓ Date of referral



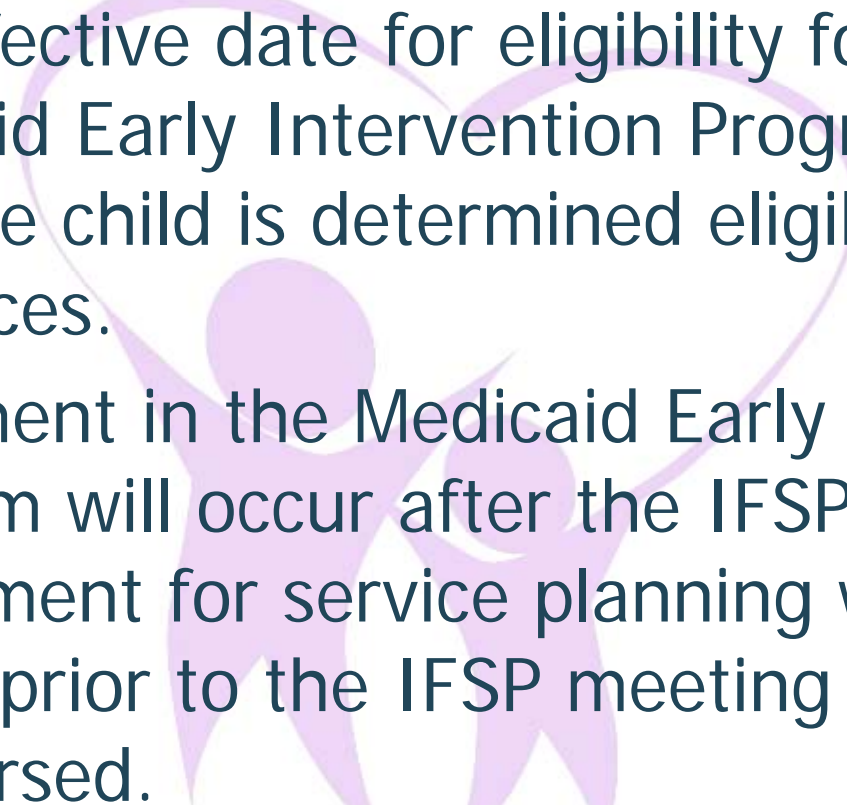
Data Entry – Change in Status

The following changes must be entered in ITOTS by the local system within 10 business days of the event and by DBHDS within 15 business days of the event:

- ✓ Change in Local Lead Agency
- ✓ Discharges for reasons other than child turning age three

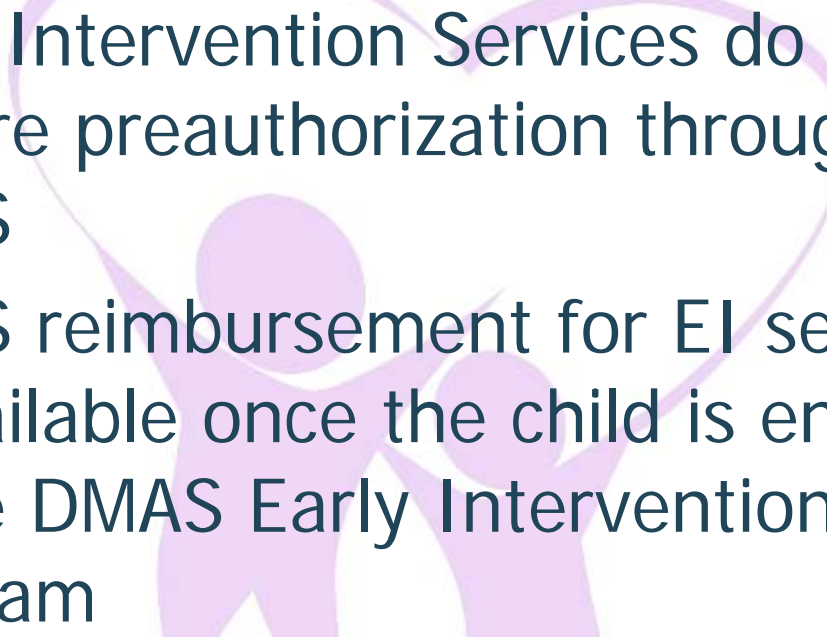


Eligibility Date for Medicaid Early Intervention Program

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- The effective date for eligibility for the Medicaid Early Intervention Program is the date the child is determined eligible for Part C services.
 - Enrollment in the Medicaid Early Intervention Program will occur after the IFSP date, but assessment for service planning which occurs prior to the IFSP meeting will be reimbursed.

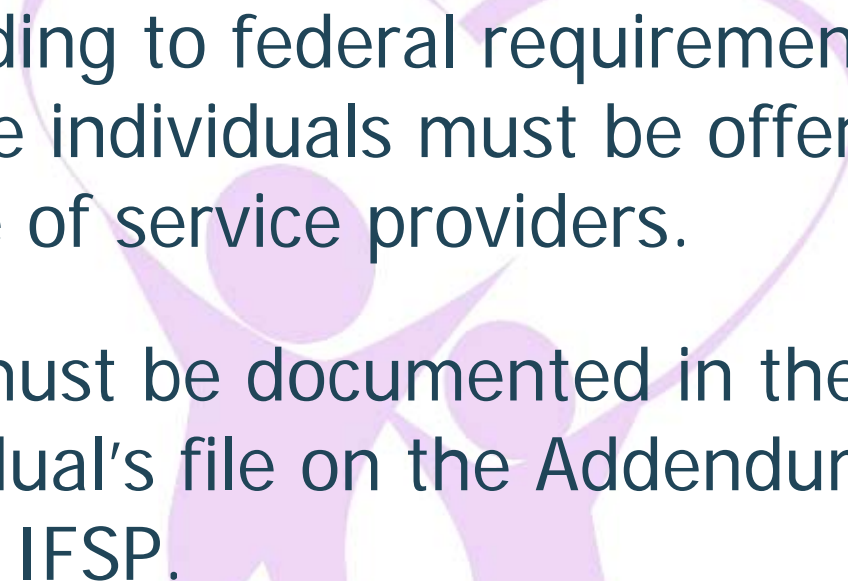


Authorization for Services

- Early Intervention Services do not require preauthorization through DMAS
 - DMAS reimbursement for EI services is available once the child is enrolled in the DMAS Early Intervention Program
- 



Provider Choice

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- According to federal requirements, eligible individuals must be offered a choice of service providers.
 - This must be documented in the individual's file on the Addendum page of the IFSP.



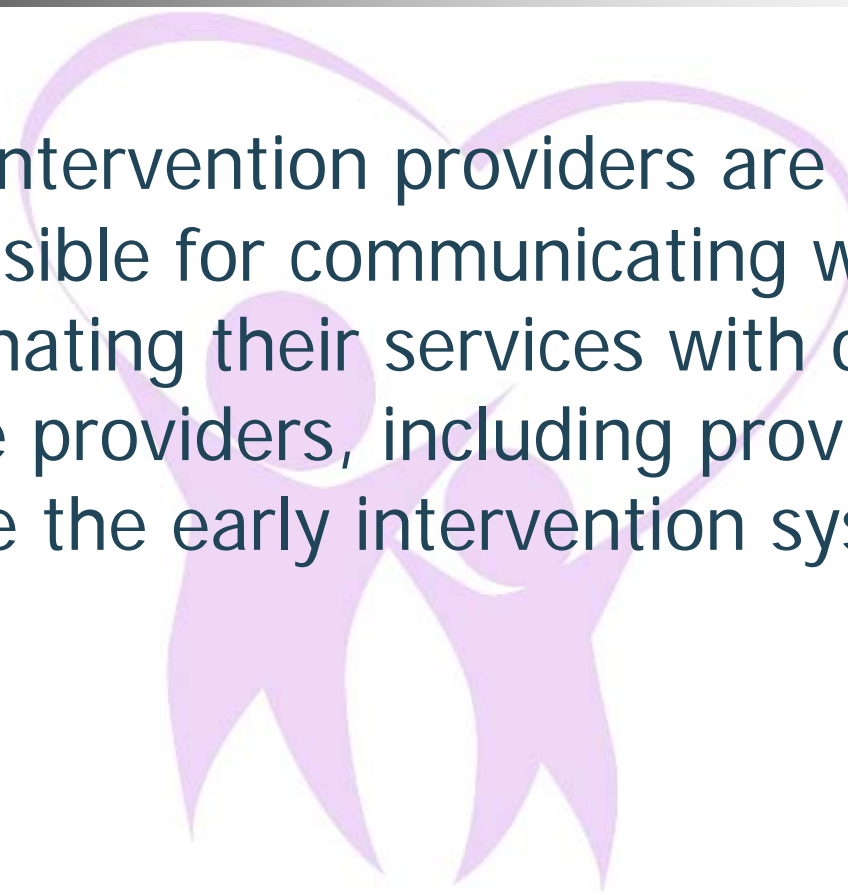
Coordination of Services

In addition to assisting families through each step of the early intervention process, service coordinators are responsible for:

- Coordinating services provided through early intervention and other services that the child needs or is being provided
- Assisting families to access needed medical, psychiatric, social, educational and other supports essential to meeting basic needs.



Provider Responsibilities

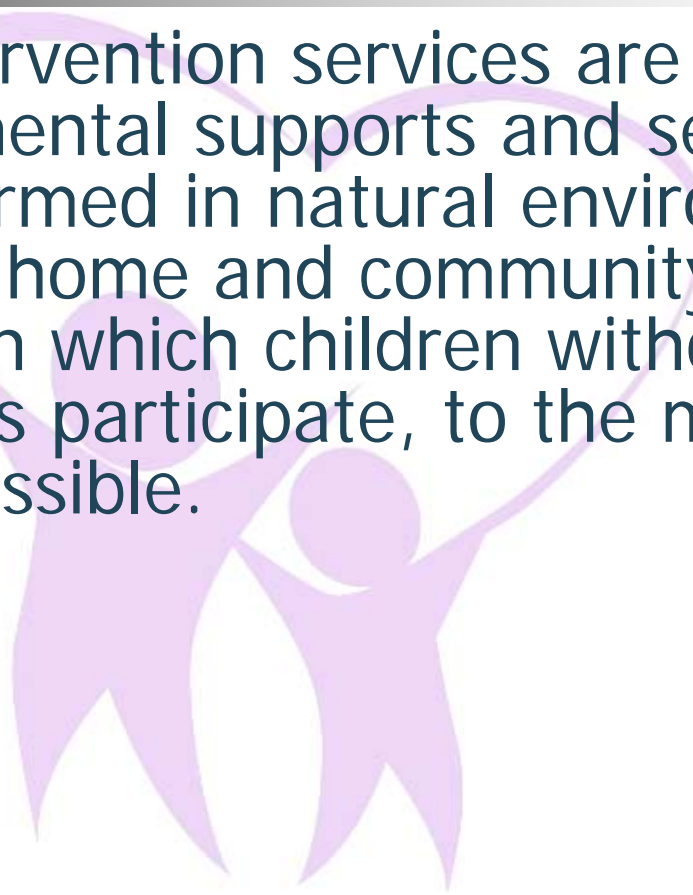


Early Intervention providers are responsible for communicating with and coordinating their services with other service providers, including providers outside the early intervention system.



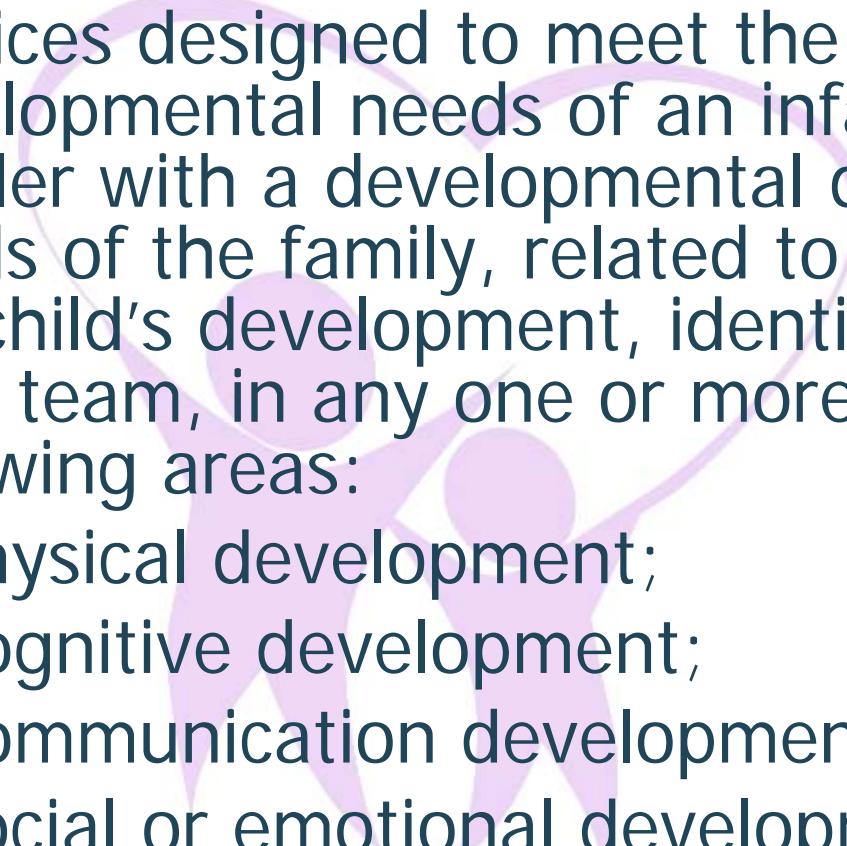
Early Intervention Services

- Early intervention services are developmental supports and services that are performed in natural environments, including home and community based settings in which children without disabilities participate, to the maximum extent possible.





Early Intervention Services

- 
- Services designed to meet the developmental needs of an infant or toddler with a developmental delay and the needs of the family, related to enhancing the child's development, identified by the IFSP team, in any one or more of the following areas:
 - Physical development;
 - Cognitive development;
 - Communication development;
 - Social or emotional development; and
 - Adaptive development

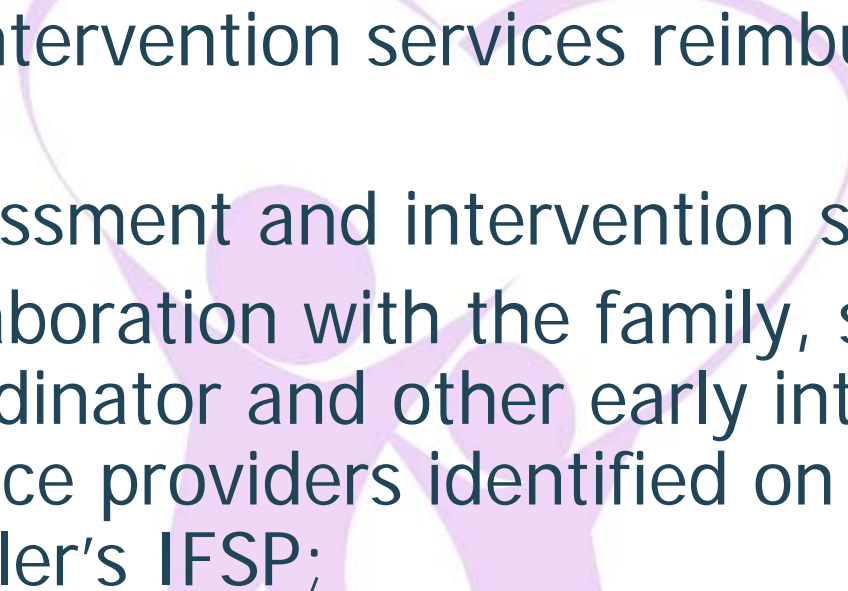


Early Intervention Definition

- Specific services are determined through a collaboration of the child's parent(s) or guardian, and the child's multidisciplinary IFSP team
- IFSP process identifies the child's intended outcomes and services
- Outcomes based on the results of the child assessment and the family/caregiver concerns, resources and priorities.
- Services may be provided by a variety of Certified Early Intervention Providers.

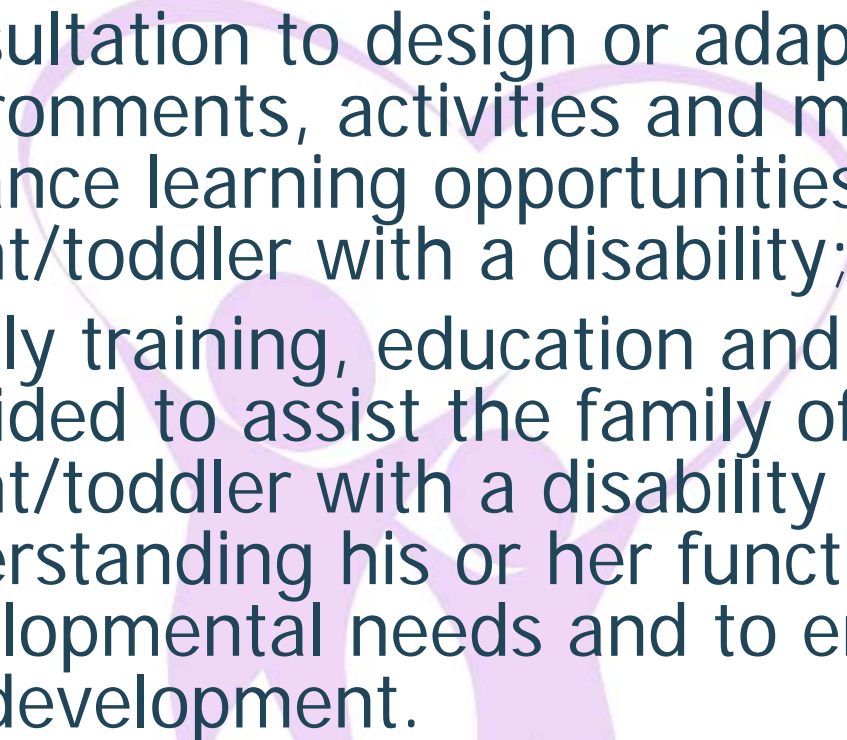


DMAS Reimbursed Services

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- Early intervention services reimbursed by DMAS:
 - Assessment and intervention services
 - Collaboration with the family, service coordinator and other early intervention service providers identified on an infant/toddler's IFSP;


DMAS Reimbursed Services (cont.)



- Consultation to design or adapt learning environments, activities and materials to enhance learning opportunities for an infant/toddler with a disability;
 - Family training, education and support provided to assist the family of an infant/toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.
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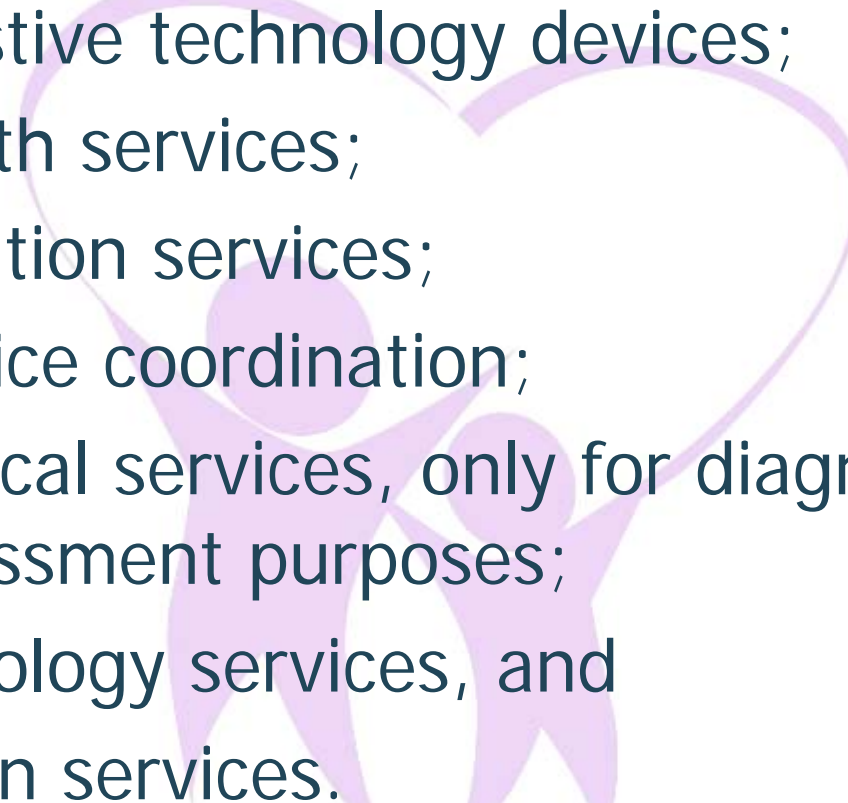


DMAS EI Covered Services

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- Developmental services;
 - Family training, counseling and home visits;
 - Speech-language pathology, including sign language and cued language services;
 - Nursing services;
 - Occupational therapy;
 - Physical therapy;
 - Psychological services;
 - Social work services;
 - Assistive technology related services (such as instruction or training on use of assistive technology).

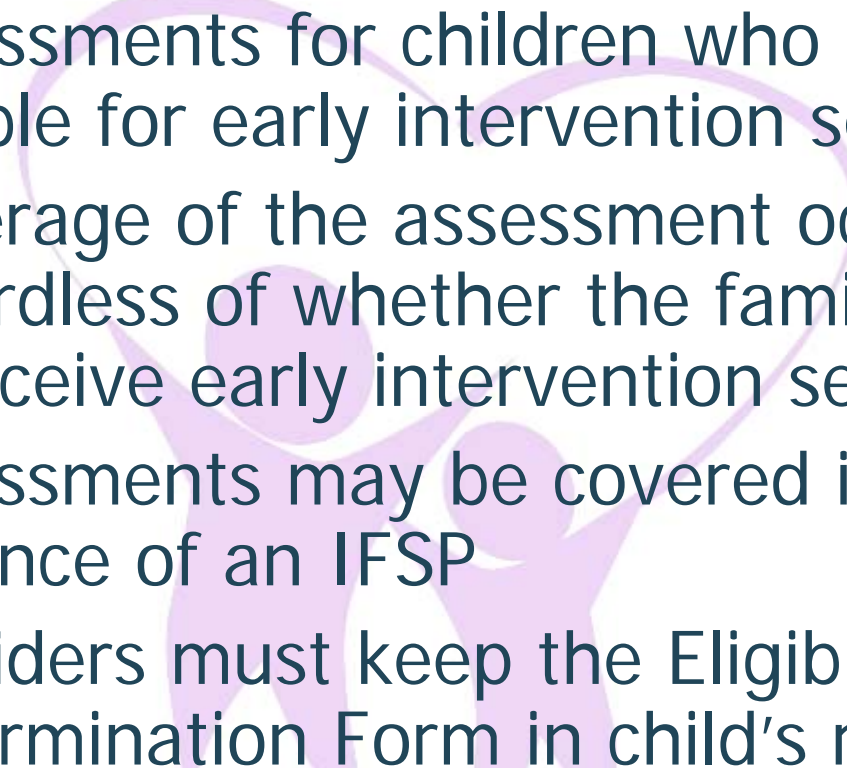


DMAS Covered Services Billed “Outside” of the EI Program

- 
- Assistive technology devices;
 - Health services;
 - Nutrition services;
 - Service coordination;
 - Medical services, only for diagnostic or assessment purposes;
 - Audiology services, and
 - Vision services.



Assessment Reimbursement

- 
- Assessments for children who are found eligible for early intervention services
 - Coverage of the assessment occurs regardless of whether the family chooses to receive early intervention services
 - Assessments may be covered in the absence of an IFSP
 - Providers must keep the Eligibility Determination Form in child's record



IFSP and MD Orders

- A physician, physician's assistant, or nurse practitioner must authorize the IFSP within 30 days after the first IFSP services begin (does not include service coordination).
- Children who have an IFSP signed by the family are eligible to receive services immediately.
- If IFSP not signed by appropriate practitioner within 30 days, reimbursement for services provided is not available until the date the IFSP is signed by the one of these practitioners.



Covered Services and the IFSP

- Medical necessity for early intervention services is defined by the IFSP
- Early intervention services are determined by the family-centered IFSP team
- Each IFSP may list several types of services that are designed to effectively treat the child's documented treatment needs
- Each Billable Service must be listed in the child's IFSP

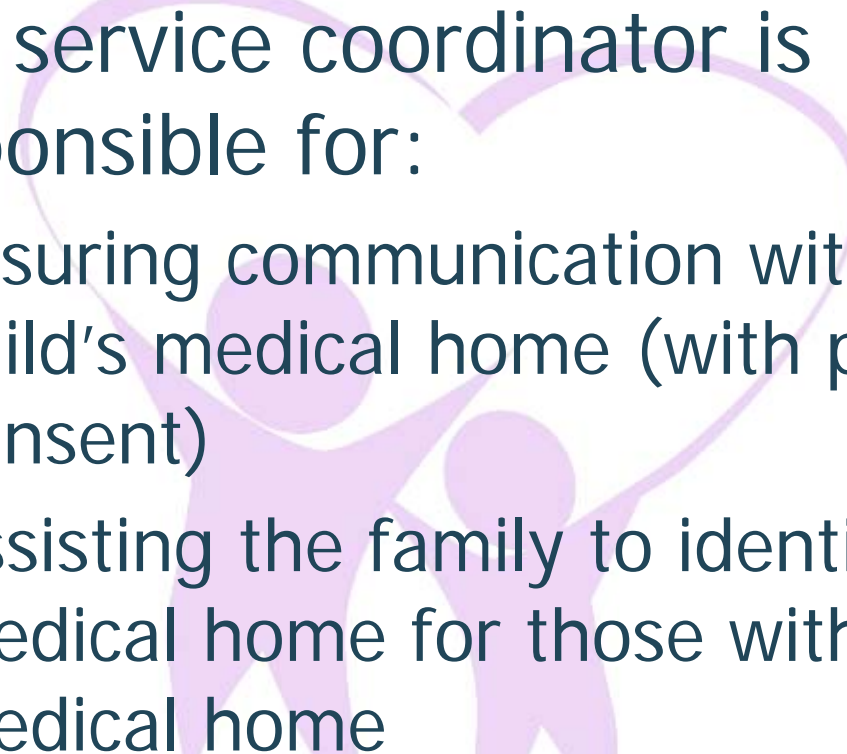
IFSP, Medical Home and Service Delivery

Roles of the Medical Home/primary care provider include:

- ✓ Developmental screening and surveillance
- ✓ Referral to the early intervention system
- ✓ Provision of health/medical information
- ✓ Participation (as desired) in development of the IFSP
- ✓ Approval of IFSP, including IFSP reviews

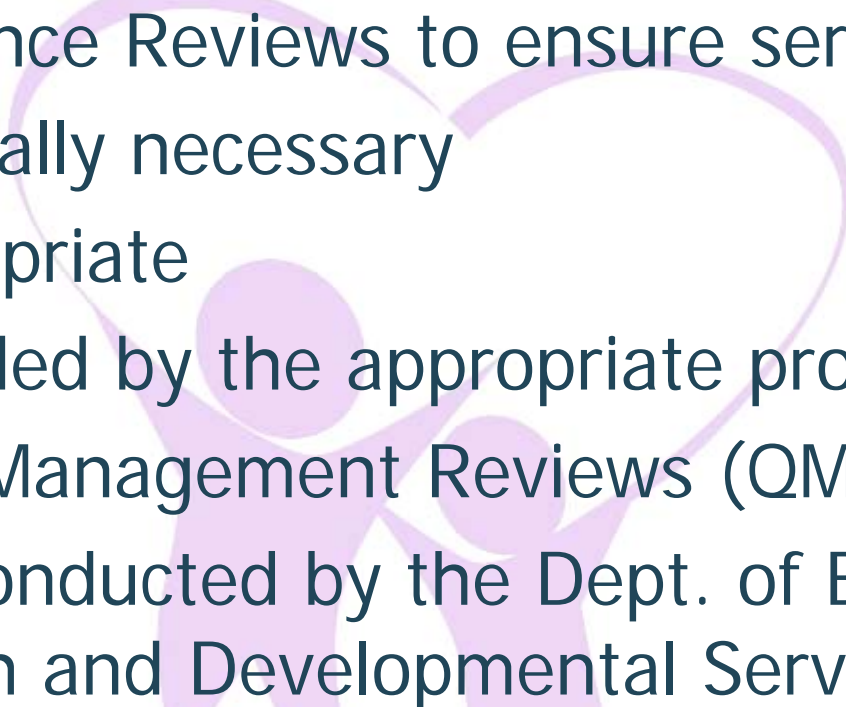


Medical Home

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- The service coordinator is responsible for:
 - assuring communication with the child's medical home (with parent consent)
 - Assisting the family to identify a medical home for those without a medical home

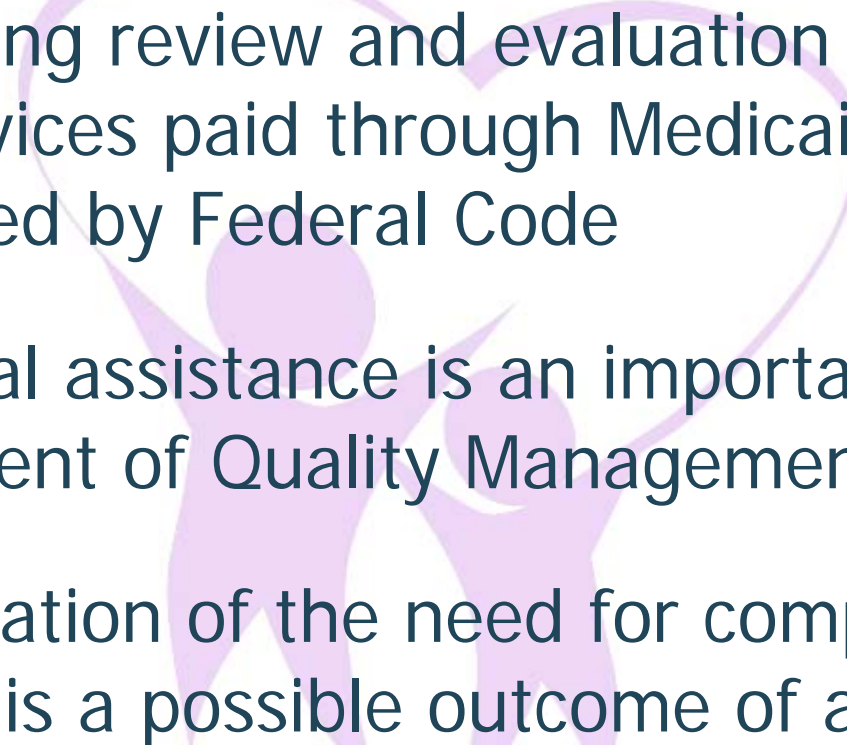


Utilization Review

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- Compliance Reviews to ensure services are:
 - Medically necessary
 - Appropriate
 - Provided by the appropriate providers
 - Quality Management Reviews (QMR)
 - Are conducted by the Dept. of Behavioral Health and Developmental Services

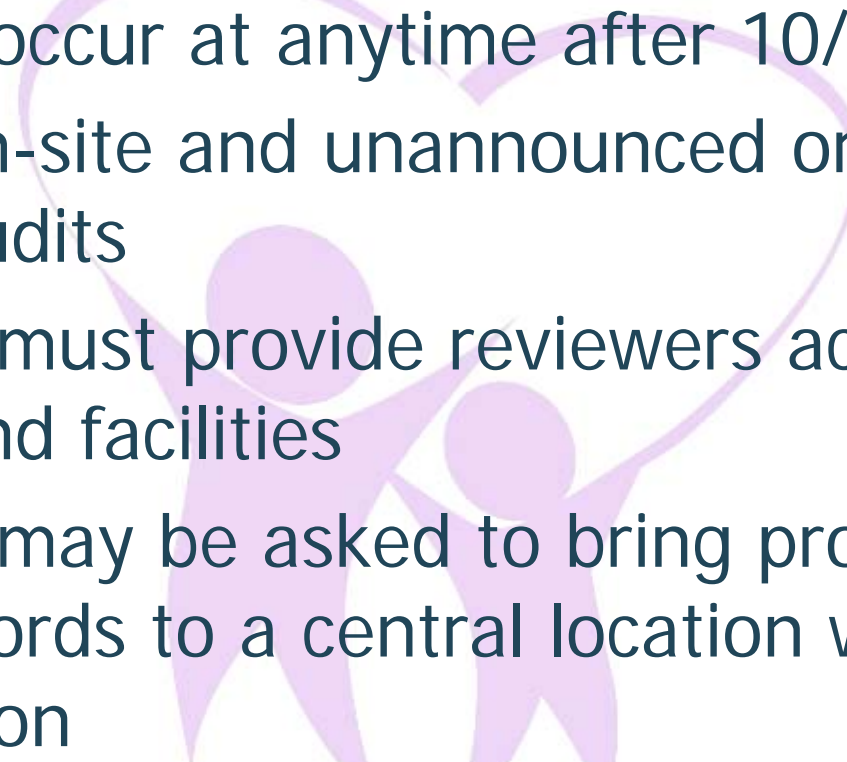


Quality Management Reviews

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- Continuing review and evaluation of the care and services paid through Medicaid is mandated by Federal Code
 - Technical assistance is an important component of Quality Management Reviews
 - Identification of the need for compliance reviews is a possible outcome of a QMR

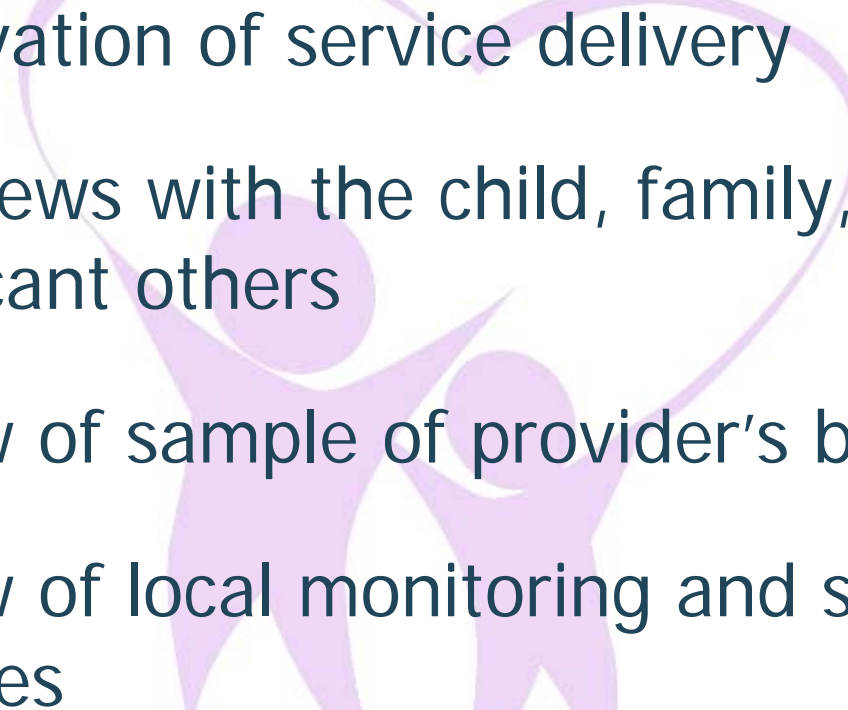


QMR Procedures

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- QMR can occur at anytime after 10/1/09
 - May be on-site and unannounced or in the form of desk audits
 - Providers must provide reviewers access to records and facilities
 - Providers may be asked to bring program and billing records to a central location within their organization

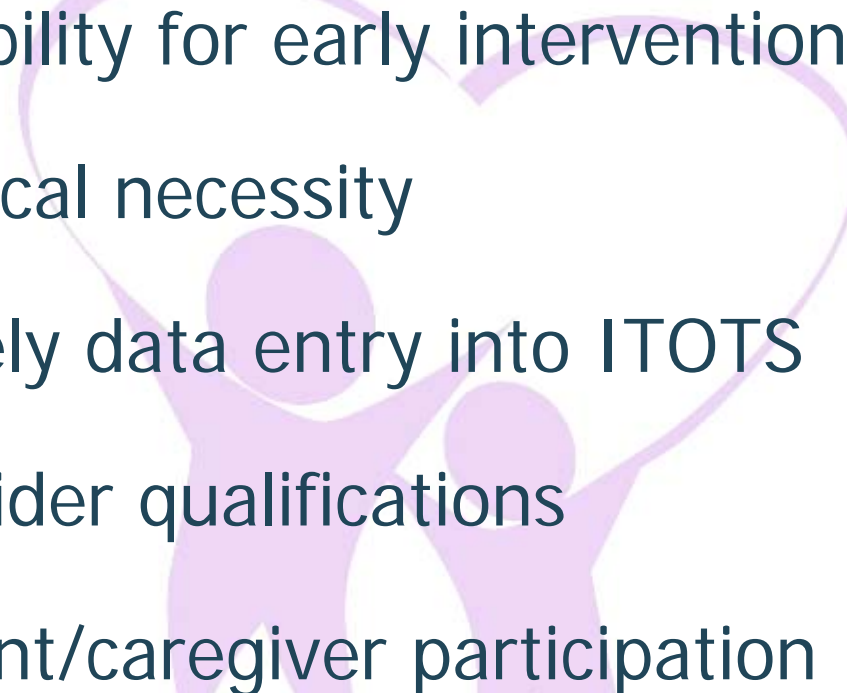


QMRs include any combination of :

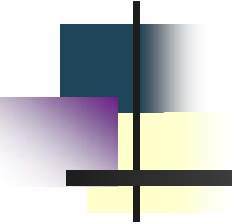
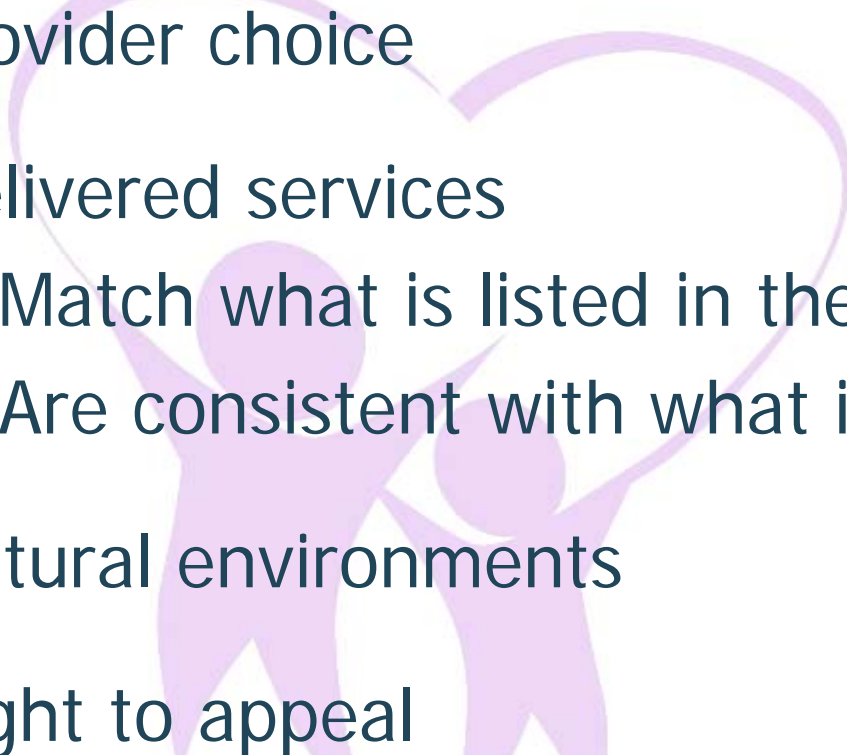
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- Observation of service delivery
 - Interviews with the child, family, and/or significant others
 - Review of sample of provider's billing
 - Review of local monitoring and supervision activities



Elements Included in Reviews

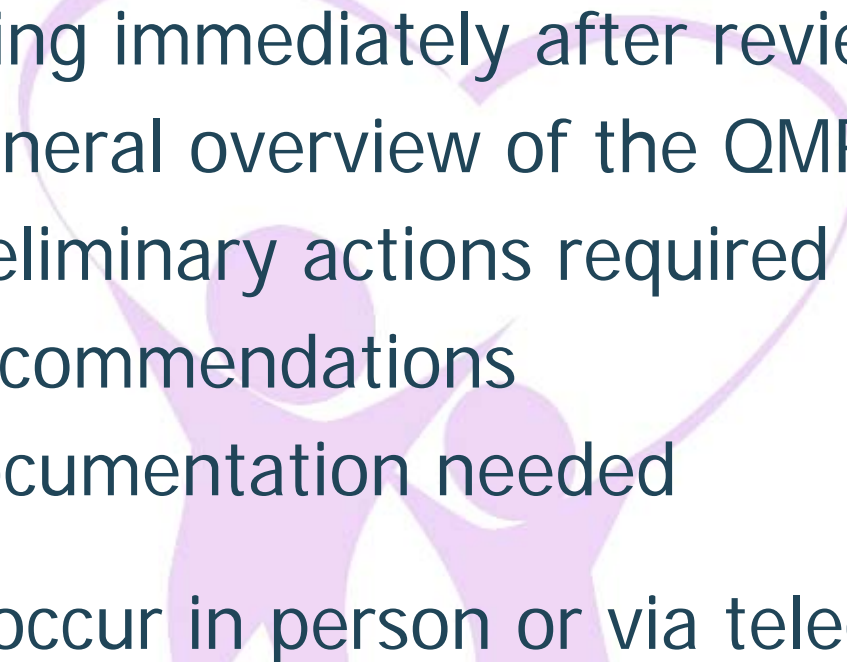
- 
- Eligibility for early intervention services
 - Medical necessity
 - Timely data entry into ITOTS
 - Provider qualifications
 - Parent/caregiver participation

Elements Included in Reviews (cont.)

- 
- 
- Provider choice
 - Delivered services
 - Match what is listed in the IFSP
 - Are consistent with what is billed
 - Natural environments
 - Right to appeal

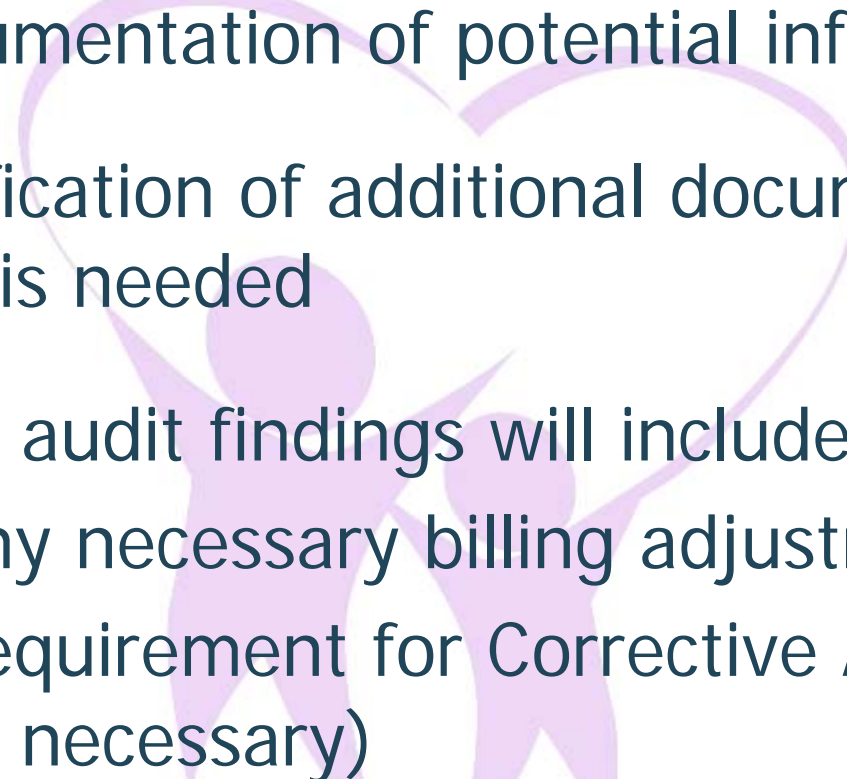


Results of Review

- 
- Meeting immediately after review:
 - General overview of the QMR findings
 - Preliminary actions required
 - Recommendations
 - Documentation needed
 - May occur in person or via teleconference

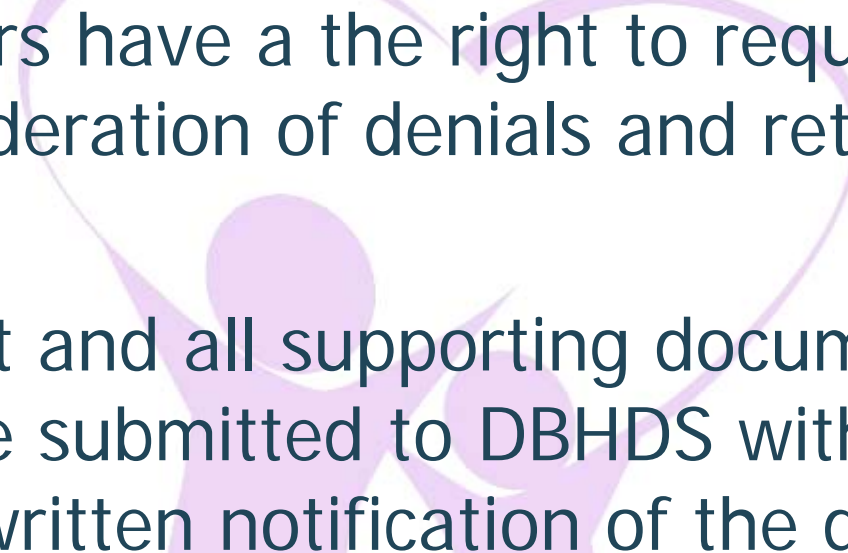


Written QMR Report

- 
- Documentation of potential infractions
 - Notification of additional documentation that is needed
 - Final audit findings will include:
 - Any necessary billing adjustments
 - Requirement for Corrective Action Plan (if necessary)

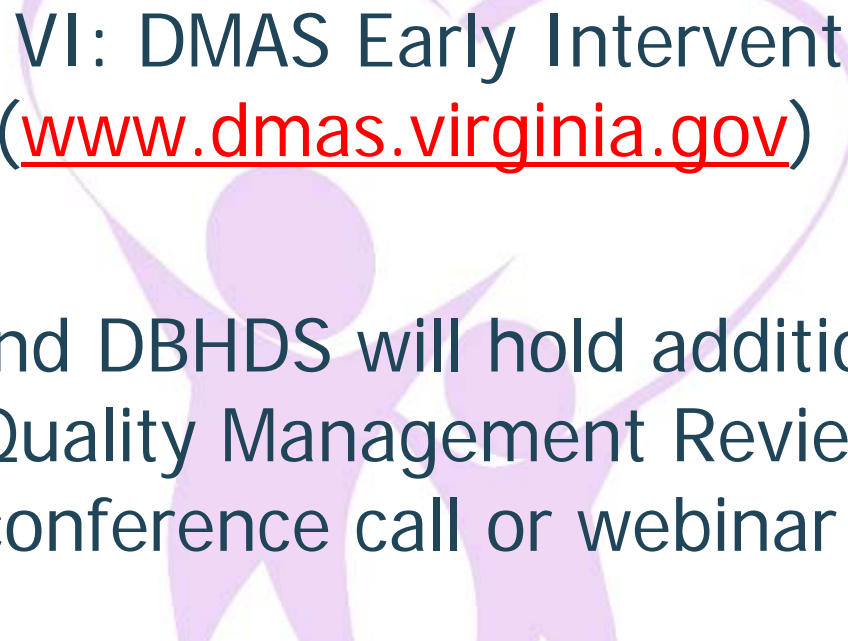


Appeals


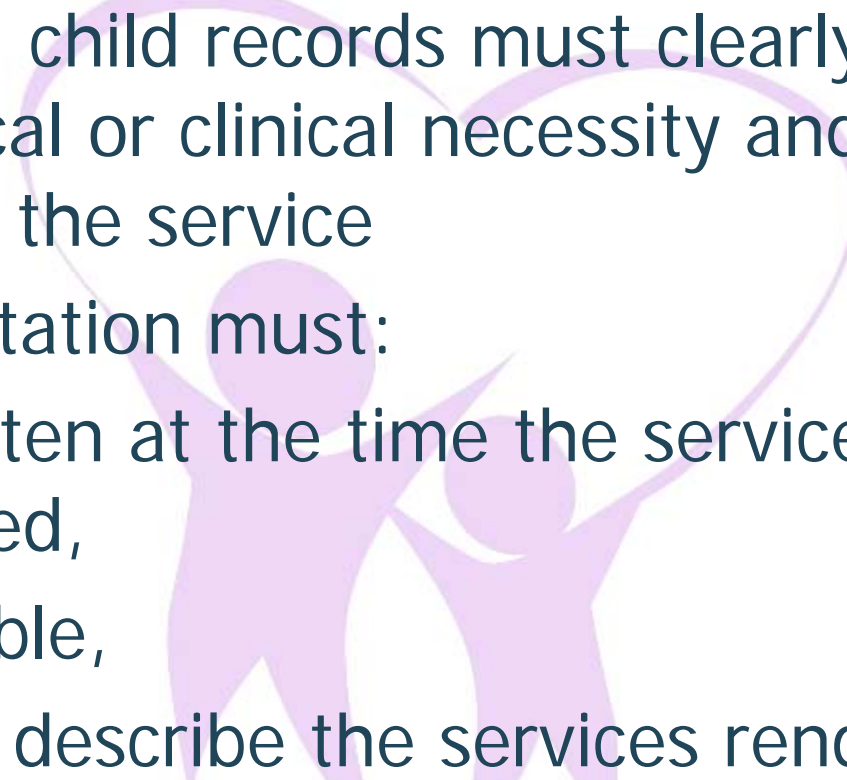
- 
- Providers have a the right to request reconsideration of denials and retractions.
 - Request and all supporting documentation must be submitted to DBHDS within 30 days of the written notification of the denial.



Additional Information

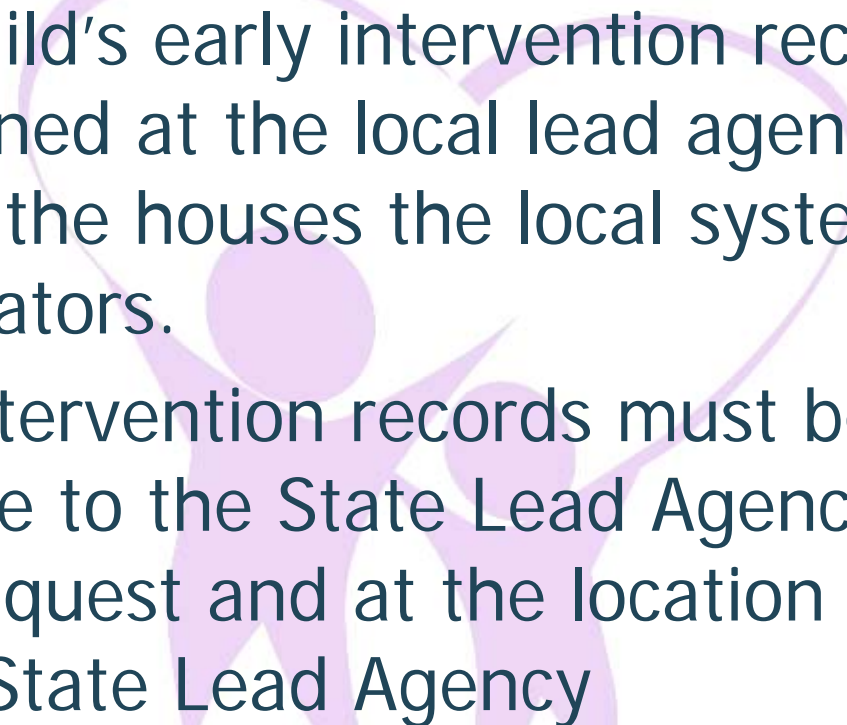
- 
- Chapter VI: DMAS Early Intervention Services Manual (www.dmas.virginia.gov)
 - DMAS and DBHDS will hold additional training on the Quality Management Review process via teleconference call or webinar in the near future.

Documentation Requirements: General Information

- 
- 
- Individual child records must clearly document the medical or clinical necessity and support needs for the service
 - Documentation must:
 - Be written at the time the service is rendered,
 - Be legible,
 - Clearly describe the services rendered.

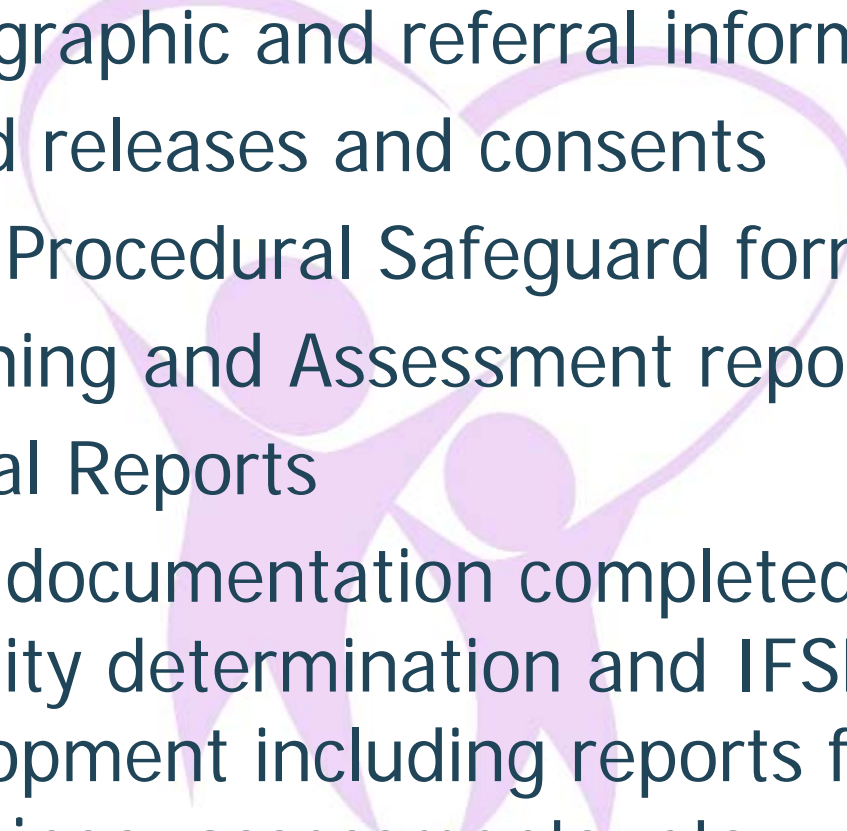


Early Intervention Record

- 
- Each child's early intervention record is maintained at the local lead agency or the agency the houses the local system's service coordinators.
 - Early intervention records must be made available to the State Lead Agency (DBHDS) upon request and at the location designated by the State Lead Agency



Required Contents of Early Intervention Record

- 
- Demographic and referral information
 - Signed releases and consents
 - Other Procedural Safeguard forms
 - Screening and Assessment reports
 - Medical Reports
 - Other documentation completed during eligibility determination and IFSP Development including reports from outside screenings, assessments, etc.

Required Contents of Early Intervention Record (cont.)

- Completed Eligibility Determination form
- All IFSPs completed, including periodic reviews
- Child Indicator Summary Form
- Service Coordinator contact notes
- Contact logs (providers and Service Coordinators)
- Copies of correspondence
- Court orders
- Record Access log


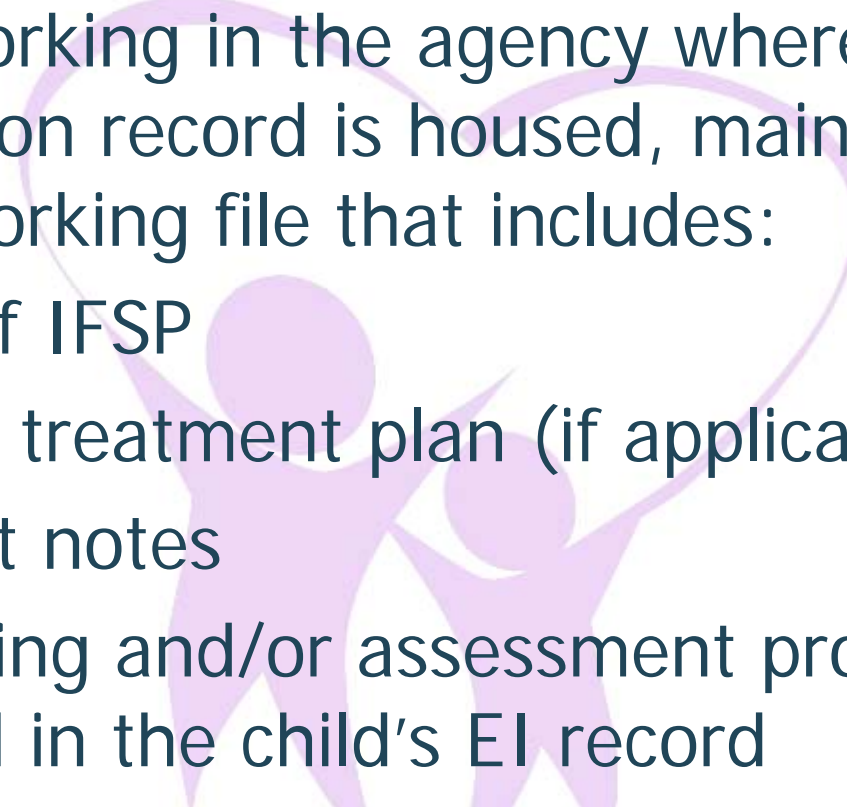


Financial File

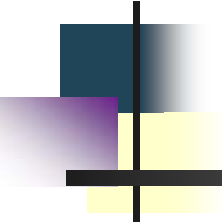
- 
- Must be maintained separate for the Early Intervention Record
 - Includes:
 - Family Cost Share Agreement form
 - Billing documentation
 - Communication related to determination of family cost share or other financial matters

Early Intervention

Provider Responsibilities

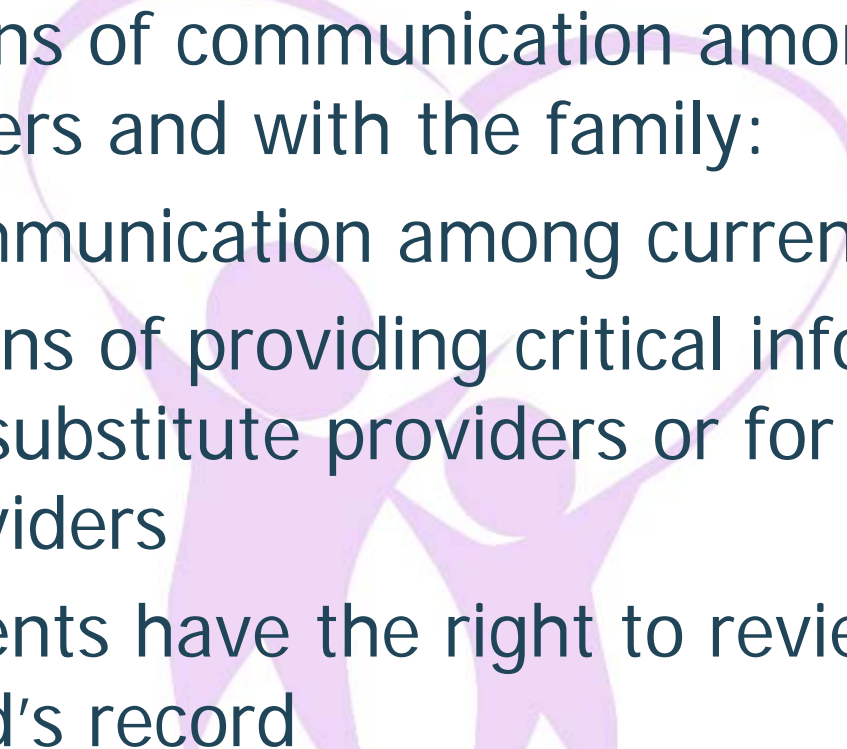
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- 
- Unless working in the agency where the early intervention record is housed, maintain a clinical/working file that includes:
 - Copy of IFSP
 - Clinical treatment plan (if applicable)
 - Contact notes
 - Screening and/or assessment protocols if not housed in the child's EI record
 - Make contact notes available to SLA/LLA

Early Intervention Contact Notes


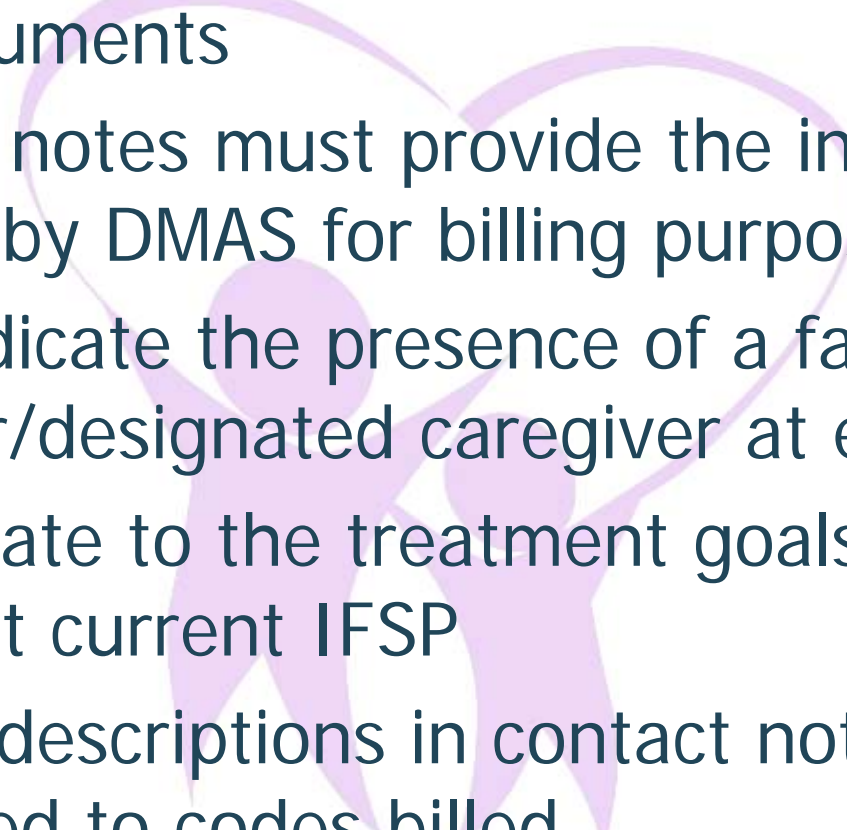
- 
- Chronological record of child's and family participation in the Infant & Toddler Connection of Virginia system
 - Provide an objective basis to determine the appropriateness, effectiveness and necessity of intervention
 - Assist the IFSP team in assessment and service planning at IFSP reviews and annual IFSPs



Early Intervention Contact Notes

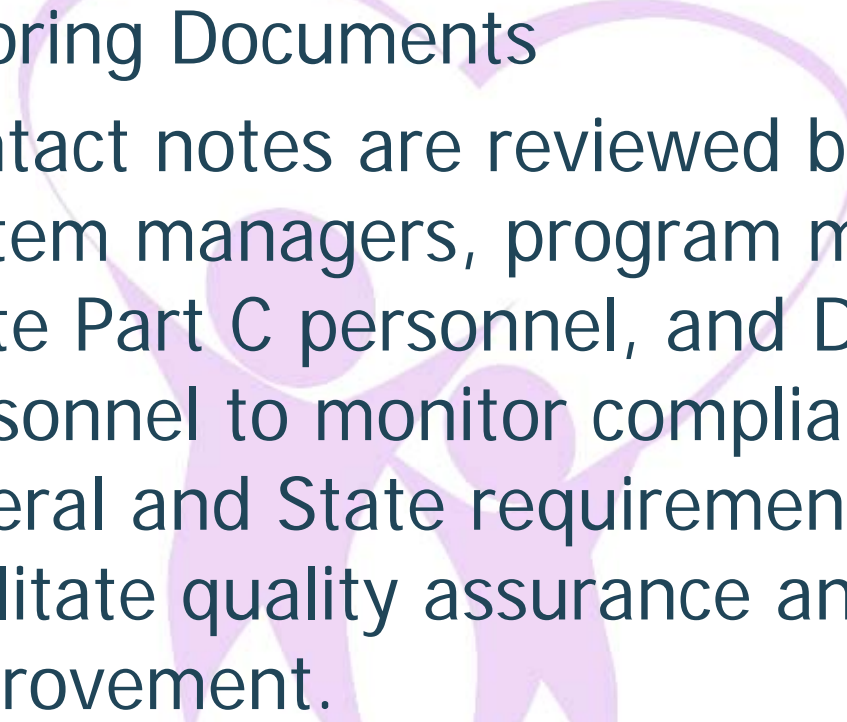
- 
- A means of communication among service providers and with the family:
 - Communication among current providers
 - Means of providing critical information for substitute providers or for new providers
 - Parents have the right to review their child's record

Early Intervention Contact Notes

- 
- 
- Billing documents
 - Contact notes must provide the information needed by DMAS for billing purposes
 - Must indicate the presence of a family member/designated caregiver at each session
 - Must relate to the treatment goals as listed in the most current IFSP
 - Service descriptions in contact notes will be compared to codes billed

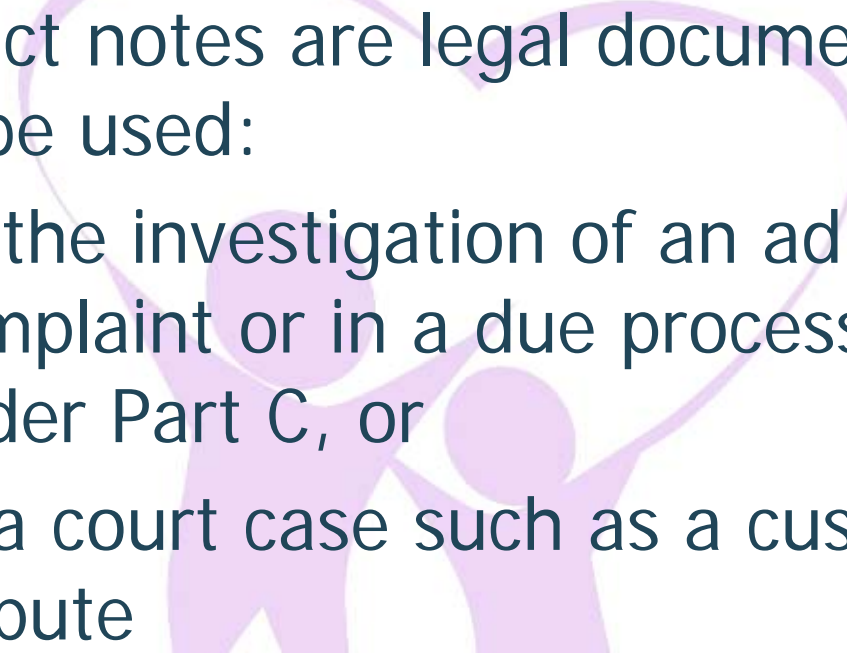


Early Intervention Contact Notes

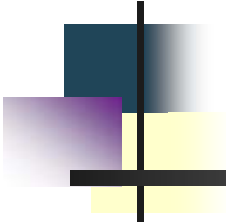
- 
- Monitoring Documents
 - Contact notes are reviewed by local system managers, program managers, State Part C personnel, and DMAS personnel to monitor compliance with federal and State requirements and to facilitate quality assurance and improvement.

Early Intervention Contact Notes

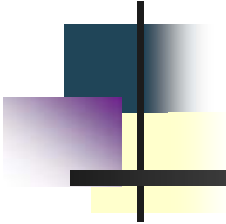
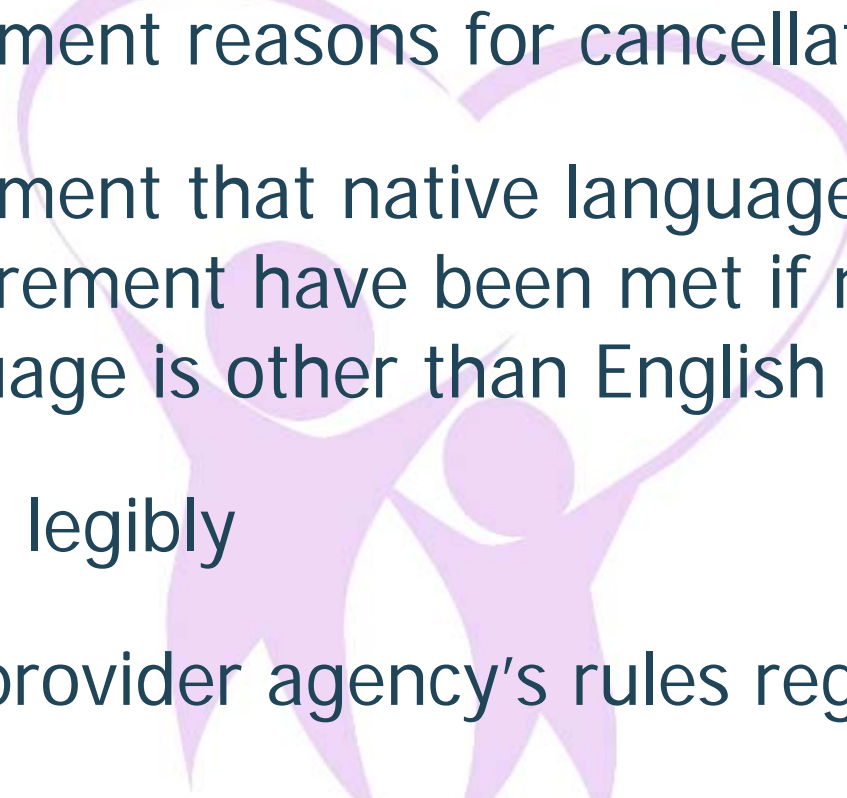


- Contact notes are legal documents and may be used:
 - in the investigation of an administrative complaint or in a due process hearing under Part C, or
 - In a court case such as a custody dispute
- 

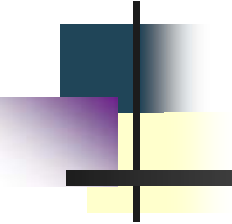
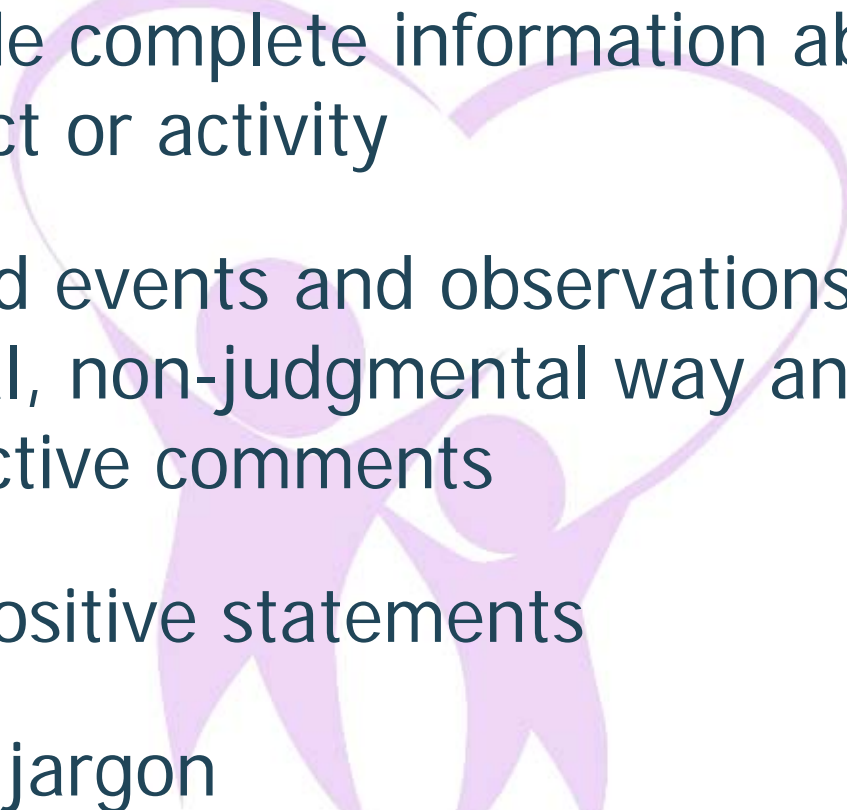
General Rules for Contact Notes

- 
- Document all contacts made and all activities completed with or on behalf of the child/family.
 - If two or more distinct services were provided by two or more people at a single visit, each provider must complete a contact note
 - Use contact notes to document communication about the child including calls from the family


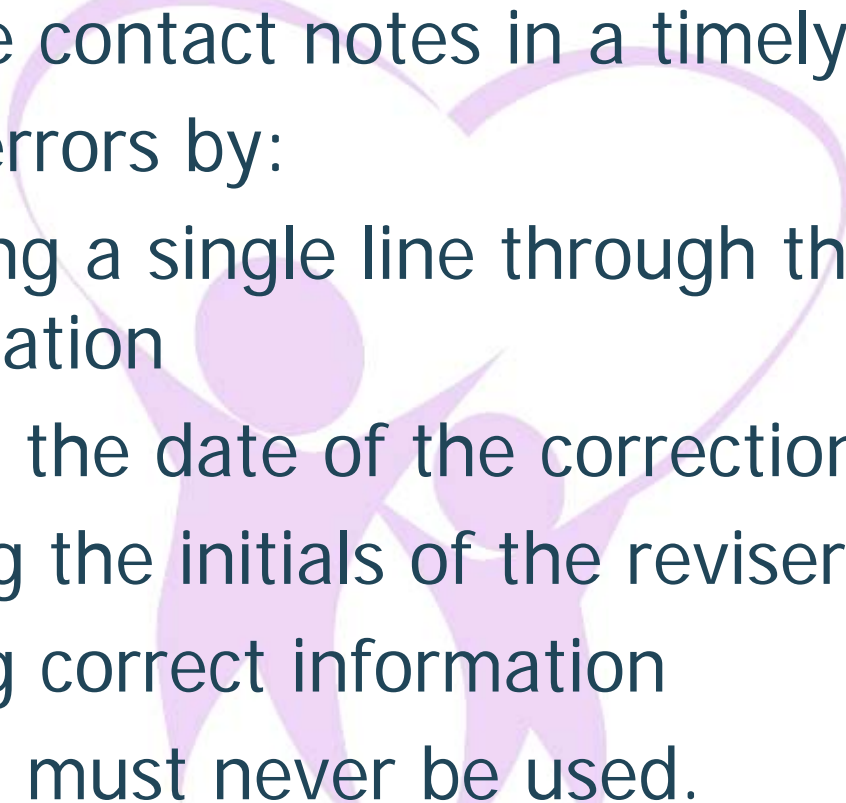
General Rules for Contact Notes (cont.)

- 
- 
- Document reasons for cancellation
 - Document that native language requirement have been met if native language is other than English
 - Write legibly
 - Use provider agency's rules regarding ink color

General Rules for Contact Notes

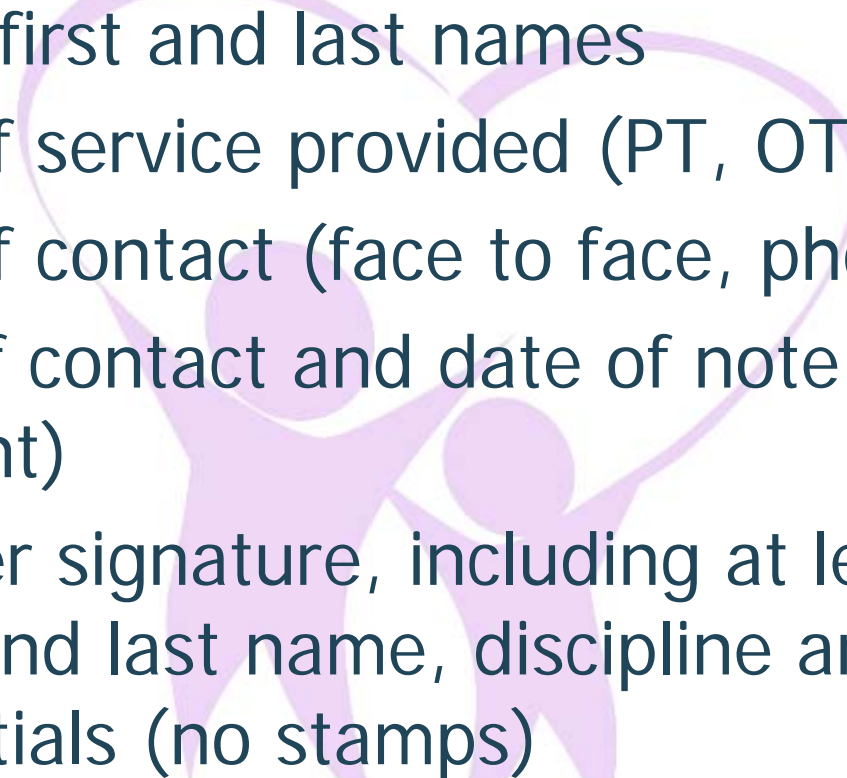
- 
- 
- Provide complete information about the contact or activity
 - Record events and observations in a factual, non-judgmental way and avoid subjective comments
 - Use positive statements
 - Avoid jargon

General Rules for Contact Notes

- 
- 
- Complete contact notes in a timely manner
 - Correct errors by:
 - Drawing a single line through the incorrect information
 - Listing the date of the correction
 - Writing the initials of the reviser
 - Adding correct information
 - Whiteout must never be used.

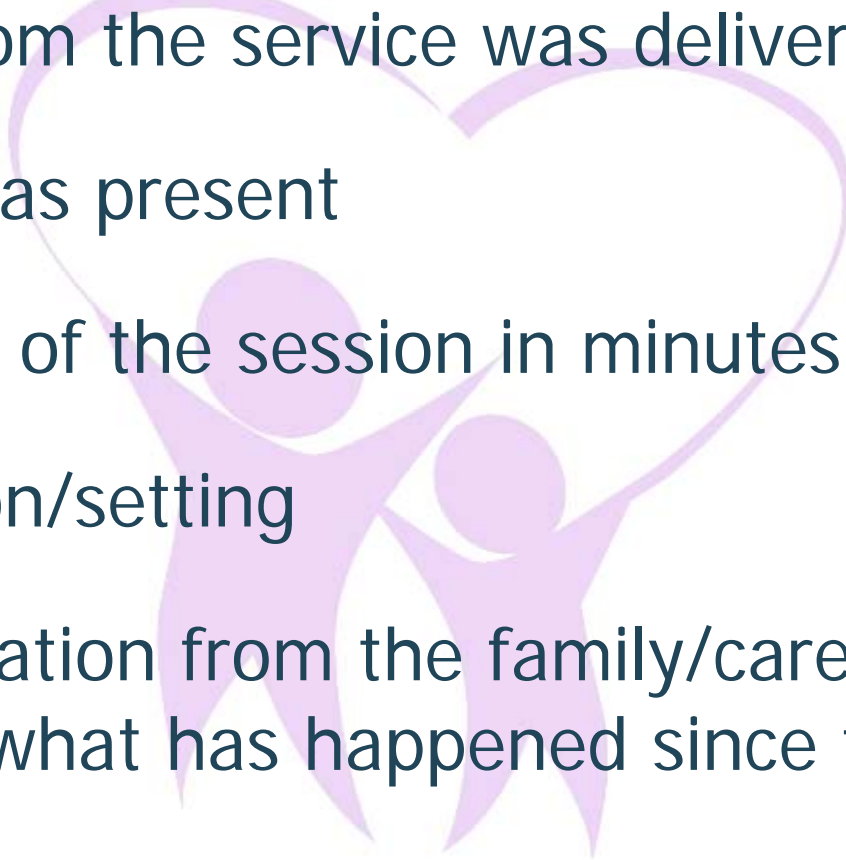
Specific Content Required for Contact Notes



- Child's first and last names
 - Type of service provided (PT, OT, etc.)
 - Type of contact (face to face, phone, etc.)
 - Date of contact and date of note (if different)
 - Provider signature, including at least first initial and last name, discipline and credentials (no stamps)
- 

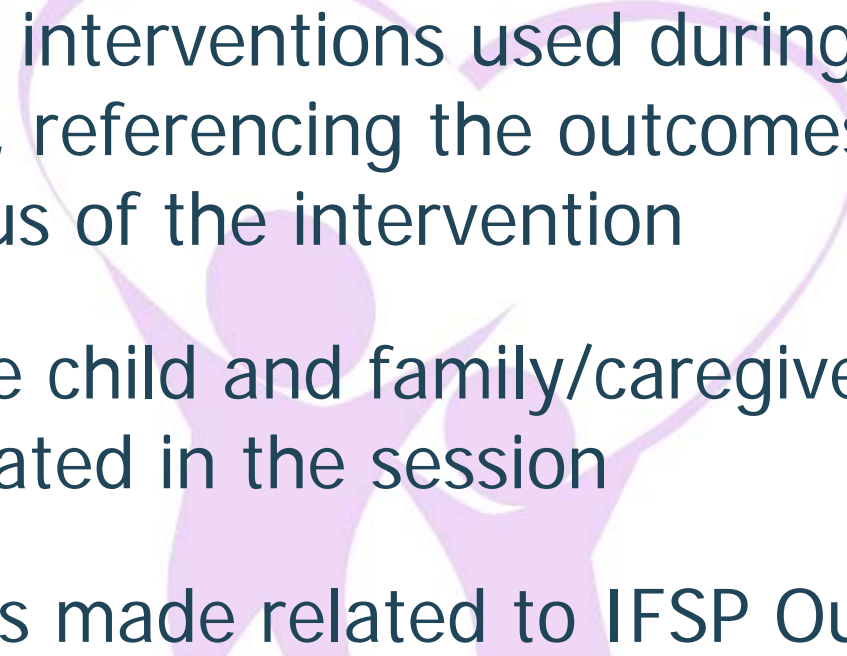
Additional Content Required for Notes for Service Sessions



- To whom the service was delivered
 - Who was present
 - Length of the session in minutes
 - Location/setting
 - Information from the family/caregiver about what has happened since the last visit
- 

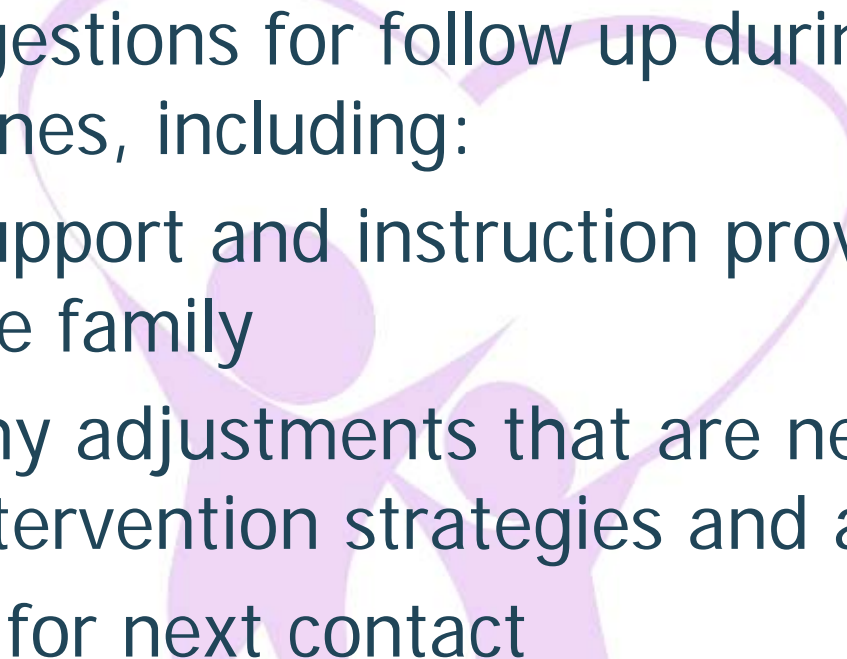
Add'l Content Required for Service Sessions Notes (cont.)



- Specific interventions used during the session, referencing the outcomes that were the focus of the intervention
 - How the child and family/caregiver participated in the session
 - Progress made related to IFSP Outcomes
- 



Add'l Content Required for Service Sessions Notes (cont.)

- 
- Suggestions for follow up during daily routines, including:
 - Support and instruction provided for the family
 - Any adjustments that are needed to intervention strategies and activities
 - Plan for next contact



Reimbursement for IFSP and Annual Assessment

- 24 units per day per child
- 36 units per year

| EI Service Type | Reimbursement Category 1 | Reimbursement Category 2 | Setting |
|---|--------------------------|--------------------------|--------------------------------------|
| Assessment for Service Planning and Development of IFSP Annual Renewal of the IFSP | T1023 U1 | T1023 | Natural environments or Center-based |

Reimbursement: Team Treatment Activities and Assessment

- 6 units per day per provider
- 18 units per day all providers combined

| EI Service Type | Reimbursement Category 1 | Reimbursement Category 2 | Setting |
|--|--------------------------|--------------------------|----------------------|
| Team Treatment activities, Team Meetings, Assessments done after the initial assessment for service planning | T1024 U1 | T1024 | Natural environments |



Reimbursement for Developmental Services

■ 6 units per day/per child/per *provider

| EI Service Type | Reimbursement Category 1 | Reimbursement Category 2 | Setting |
|---|-----------------------------|-----------------------------|-------------------------|
| Developmental Services provided for more than one child by one provider | N/A | T1027 | Natural environments |
| Developmental Services provided by one provider for one child | N/A | T1027 U1 | Natural environments |



Reimbursement for Center-based Developmental Services (Cat. 1)

- 6 units per day per provider
- 18 units per day total

| EI Service Type | Reimbursement Category 1 | Reimbursement Category 2 | Setting |
|--|--------------------------|--------------------------|---------|
| Center-based group developmental services | T1026 | N/A | Center |
| Center-based individual developmental services | T1026 U1 | N/A | Center |



Reimbursement for Center-based Developmental Services (Cat. 2)

- 6 units per day per provider
- 18 units per day total

| EI Service Type | Reimbursement Category 1 | Reimbursement Category 2 | Setting |
|--|--------------------------|--------------------------|---------|
| Center-based group developmental services | N/A | T1015 | Center |
| Center-based individual developmental services | N/A | T1015 U1 | Center |

Reimbursement for EI Physical Therapy

- 6 units per day per provider
- 18 units per day total

| EI Service Type | Reimbursement Category 1 | Reimbursement Category 2 | Setting |
|------------------------|---------------------------------|---------------------------------|----------------|
| Congregate PT | G0151 | N/A | NE |
| Individual PT | G0151 U1 | N/A | NE |



Reimbursement for EI Occupational Therapy

- 6 units per day per provider
- 18 units per day total

| EI Service Type | Reimbursement Category 1 | Reimbursement Category 2 | Setting |
|-----------------|-----------------------------|-----------------------------|---------|
| Congregate OT | G0152 | N/A | NE |
| Individual OT | G0152 U1 | N/A | NE |

Reimbursement for EI Speech Therapy

- 6 units per day per provider
- 18 units per day total

| EI Service Type | Reimbursement Category 1 | Reimbursement Category 2 | Setting |
|------------------------|---------------------------------|---------------------------------|----------------|
| Congregate SLP | G0153 | N/A | NE |
| Individual SLP | G0153 U1 | N/A | NE |

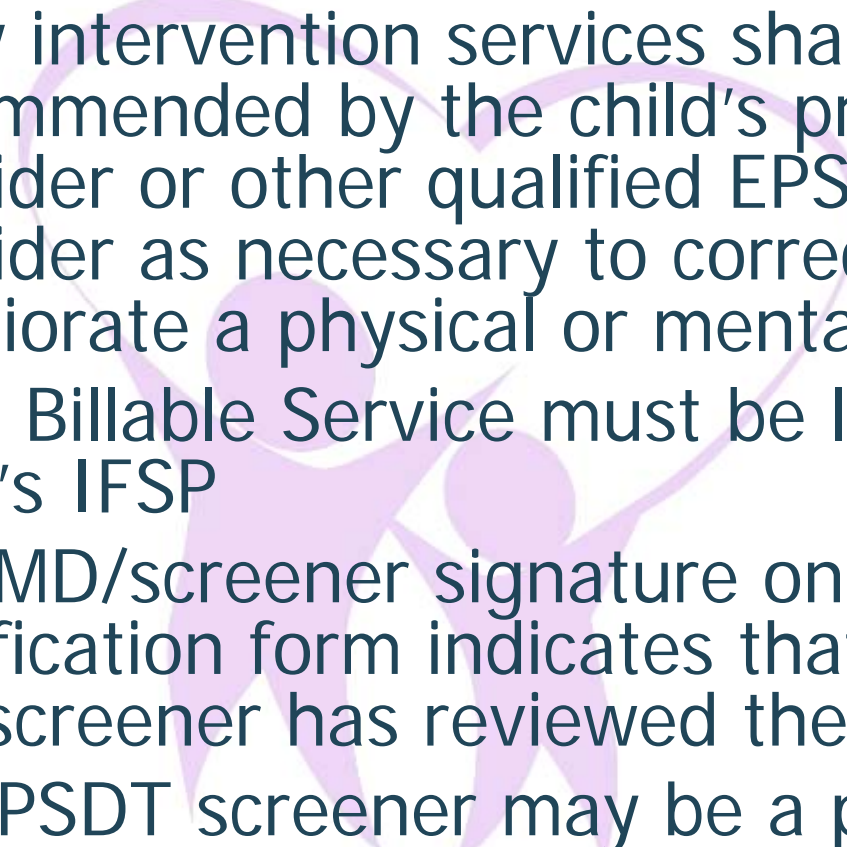
Reimbursement for EI Nursing

- 6 units per day per provider
- 18 units per day total

| EI Service Type | Reimbursement Category 1 | Reimbursement Category 2 | Setting |
|------------------------|---------------------------------|---------------------------------|----------------|
| Congregate RN | G0154 | N/A | NE |
| Individual RN | G0154 U1 | N/A | NE |



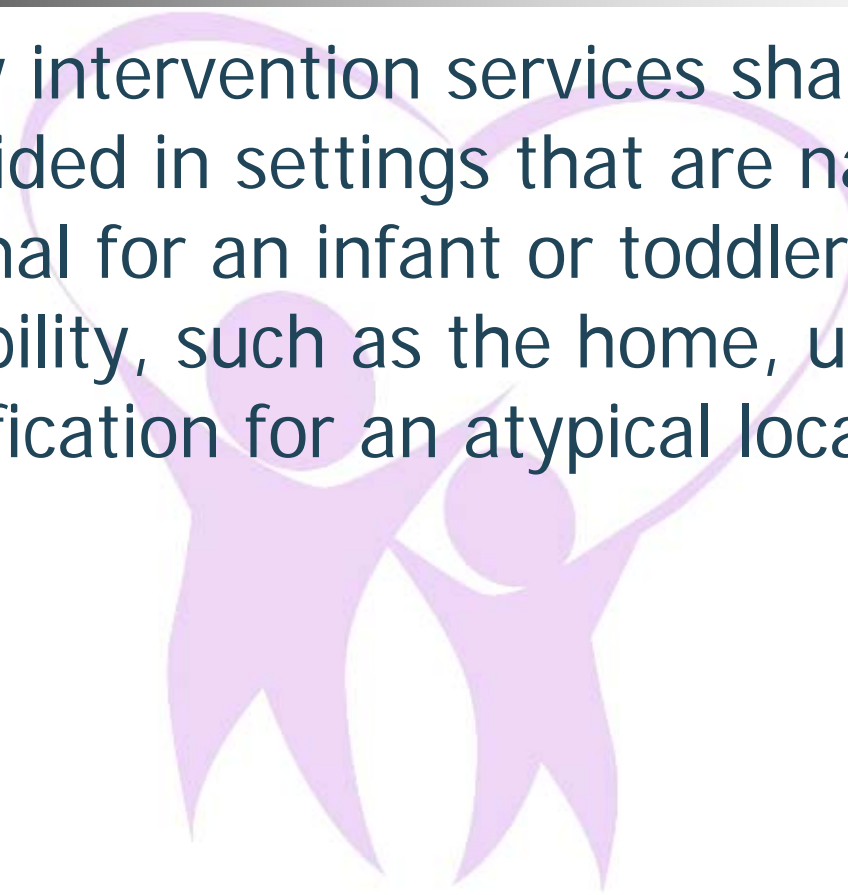
Service Limitations

- 
- Early intervention services shall be recommended by the child's primary care provider or other qualified EPSDT screening provider as necessary to correct or ameliorate a physical or mental condition.
 - Each Billable Service must be listed in the child's IFSP
 - The MD/screener signature on the IFSP or certification form indicates that the MD/screener has reviewed the IFSP.
 - An EPSDT screener may be a physician, physician's assistant, or nurse practitioner.



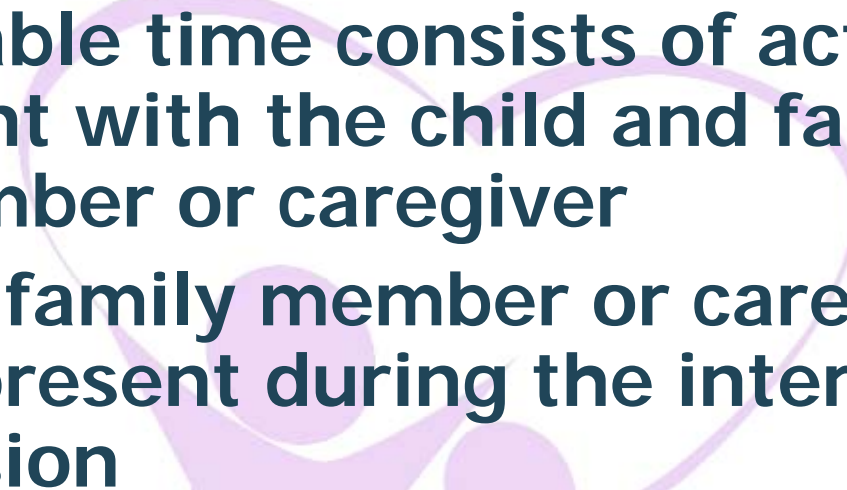
Natural Environment

- Early intervention services shall be provided in settings that are natural or normal for an infant or toddler without a disability, such as the home, unless there is justification for an atypical location





“Billable Moments”

- Billable time consists of actual time spent with the child and family member or caregiver
 - The family member or caregiver must be present during the intervention session
- 

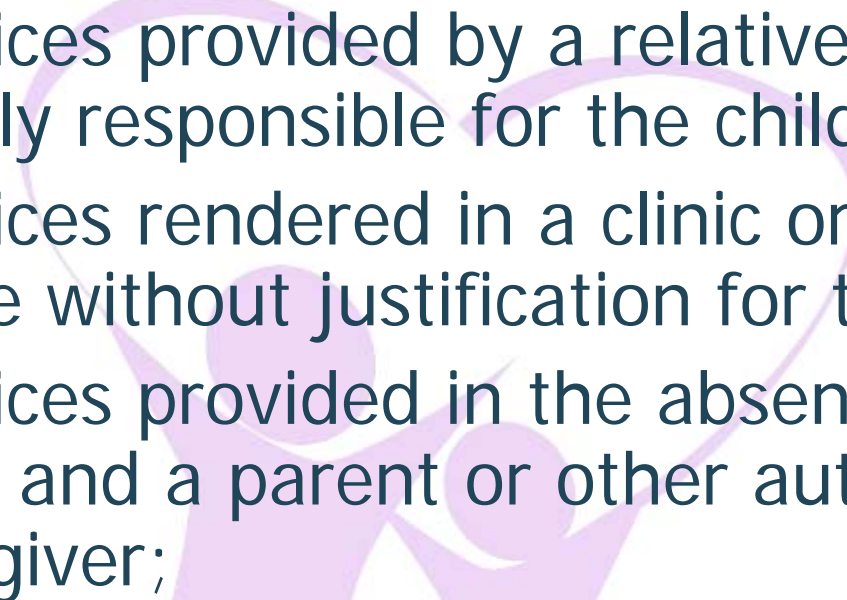


Non-Covered Services

- Administration and coordination activities related to the development, review, and evaluation of the IFSP and procedural safeguards required by Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.);
- Services that are provided but are not documented in the child's IFSP;
- Sessions that are conducted for family support unrelated to the IFSP, education, recreational, or custodial purposes, including respite or child care;

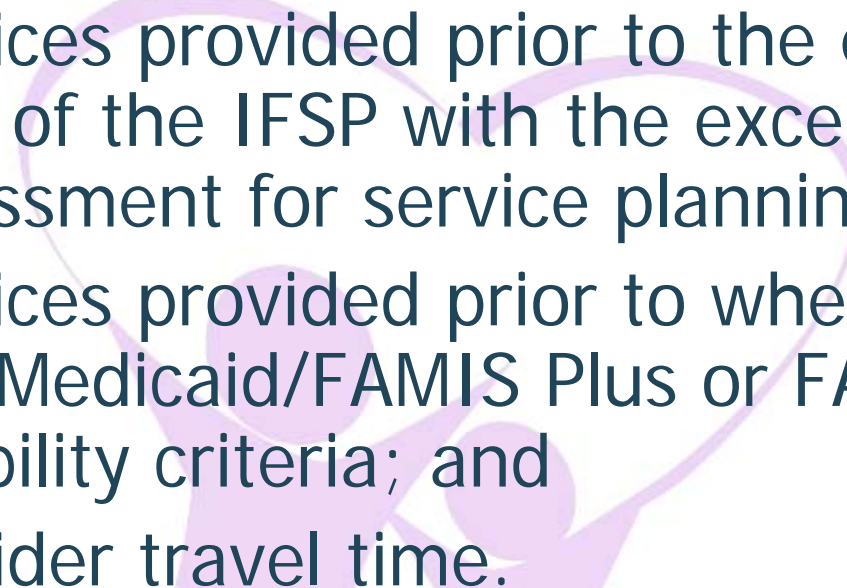


Non-Covered Services (Cont.)

- 
- Services provided by a relative who is legally responsible for the child's care;
 - Services rendered in a clinic or provider's office without justification for the location;
 - Services provided in the absence of the child and a parent or other authorized caregiver;



Non-Covered Services (Cont.)

- 
- Services provided prior to the effective date of the IFSP with the exception of the assessment for service planning;
 - Services provided prior to when the child met Medicaid/FAMIS Plus or FAMIS eligibility criteria; and
 - Provider travel time.



Contact Information

Infant & Toddler Connection of Virginia
804-786-3710

Email Infant & Toddler Connection of Virginia staff:
<http://www.infantva.org/Contactus.htm>

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